Exercise 13 – Parkland Intake and Interview Sheet, page 1 of 3

Form **13614-C** (Rev. XX-XXXX)	Department of the Treasury – Internal Revenue Service **Intake/Interview & Quality Review Sheet**	**OMB # 1545-1964**

Section A. You should complete Pages 1-3
Thank you for allowing us to prepare your tax return. **You are responsible for the information on your return so please provide complete and accurate information to the certified tax preparer.** If you have any questions please ask your preparer.

You will need your:
- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of Identity (such as a valid drivers license or other government issued picture ID).

Part I. Your Personal Information

1. Your First Name	M. I.	Last Name	Are you a U.S. Citizen?
Stephen	L	Parkland	☒ Yes ☐ No
2. Spouse's First Name	**M. I.**	**Last Name**	**Is spouse a U.S. Citizen?**
Lisa	R	Parkland	☒ Yes ☐ No

3. Mailing Address	Apt#	City	State	Zip Code
1979 Reed Road		Your City	YS	Your Zip Code

4. Contact Information
Phone: 513-555-XXXX   Cell Phone: E-mail: None

5. Your Date of Birth	6. Your Job Title	Are you: 7. Legally Blind	☐ Yes ☒ No
10/13/1973	Military	8. Totally and Permanently Disabled	☐ Yes ☒ No
9. Spouse's Date of Birth	10. Spouse's Job Title	Is Spouse: 11. Legally Blind	☐ Yes ☒ No
09/13/1976	Homemaker	12. Totally and Permanently Disabled	☐ Yes ☒ No

13. Can anyone claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

Part II. Marital Status and Household Information

1. As of December 31, 2011, were you?
   - ☐ Single
   - ☒ Married: Did you live with your spouse during any part of the last six months of 2011? ☒ Yes ☐ No
   - ☐ Divorced or Legally Separated: Date of final decree or separate maintenance agreement: ___________________
   - ☐ Widowed: Year of spouse's death: _________

2. List names below of everyone who lived in your home in 2011 (other than you or spouse). Also list anyone who lived outside of your home that you supported during 2011. If additional space is needed please check here ☐ and list on page 3.

Name (first, last) Do not enter your name or spouse's name below. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. daughter, son, mother, sister, none) (c)	Number of months lived in your home in 2011 (d)	US Citizen or resident of the US, Canada or Mexico in 2011 (yes/no) (e)	Marital Status as of 12/31/11 (S/M) (f)	Full-time student in 2011 (yes/no) (g)	Received less than $3700 income in 2011 (yes/no) (h)
Timothy S Parkland	12/14/03	Son	12	Yes	Single	Yes	Yes
Hannah E Parkland	11/19/01	Daughter	12	Yes	Single	Yes	Yes

- **Volunteers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.**
- To report unethical behavior to IRS, **email us at wi.voltax@irs.gov** or call t**oll free 1-877-330-1205.**

To check the status of your REFUND visit "Where's My Refund?" on www.irs.gov or call 1-800-829-1954 for assistance.

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Section A. Please complete – check Yes, No or Unsure to all questions below. Please ask if you need help.

Part III. Income – In 2011, did you (or your spouse) receive:

Yes	No	Unsure	
☒	☐	☐	1. Wages or Salary? (Form W-2)
☐	☒	☐	2. Tip Income?
☐	☒	☐	3. Scholarships? (Forms W-2, 1098-T)
☐	☐	☒	4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☒	☐	5. Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. Alimony Income?
☐	☐	☒	7. Self-Employment payments (such as cash received for services, small business)? (Form 1099-MISC)
☐	☒	☐	8. Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Forms 1099-S, 1099-B)
☐	☒	☐	9. Disability Income (such as payments from insurance or workers compensation)? (Forms 1099-R, W-2)
☐	☒	☐	10. Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R)
☐	☒	☐	11. Unemployment Compensation? (Form 1099-G)
☐	☒	☐	12. Social Security or Railroad Retirement Benefits? (Form SSA-1099)
☐	☒	☐	13. Income (or loss) from Rental Property?
☐	☒	☐	14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: ______________________ (Forms W-2 G, 1099-MISC)

Part IV. Expenses – In 2011 Did you (or your spouse) pay:

Yes	No	Unsure	
☐	☒	☐	1. Alimony: If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☒	☐	☐	2. Contributions to a retirement account? ☐ IRA ☐ Roth IRA ☐ 401K ☒ Other
☐	☒	☐	3. Educational expenses paid for yourself, spouse or dependents, such as tuitions, books, fees, etc.? (Form 1098-T)
☐	☒	☐	4. Unreimbursed employee business expenses (such as teacher supplies, uniforms or mileage)?
☐	☒	☐	5. Medical expenses (including health insurance premiums)?
☐	☒	☐	6. Home mortgage interest? (Form 1098)
☐	☒	☐	7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
☐	☒	☐	8. Charitable contributions?
☐	☒	☐	9. Child/dependent care expenses, such as day-care?

Part V. Life Events – In 2011 Did you (or your spouse):

Yes	No	Unsure	
☐	☒	☐	1. Have a Health Savings Account? (Form 5498-SA)
☐	☒	☐	2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
☐	☒	☐	3. Buy, sell or have a foreclosure of your home?
☐	☒	☐	4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? ___________
☐	☒	☐	5. Purchase and install energy efficient home items (such as windows, furnace, insulation, etc.)?
☐	☒	☐	6. Live in an area that was affected by a natural disaster? If yes, where? ________________________
☐	☒	☐	7. Receive the First Time Homebuyers Credit in 2008?
☐	☒	☐	8. Pay any student loan interest? (Form 1098-E)
☐	☒	☐	9. Make estimated tax payments or apply last year's refund to your 2011 tax? If so how much? _______
☐	☒	☐	10. Attend school as a full time student? (Form 1098-T)
☐	☒	☐	11. Adopt a child?
☐	☒	☐	12. File a 2010 federal tax return containing a "capital loss carryover" on Form 1040 Schedule D?

Presidential Election Campaign Fund: (If you check a box, your tax or refund will not change.)
Check here if you, or your spouse if filing jointly, want $3 to go to this fund ☐ You ☐ Spouse

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Additional Information and Questions related to the preparation of your return

Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.

Other than English what language is spoken in the home? None

Are you or a member of your household considered disabled? ☐ **Yes** ☒ **No**

If you are due a refund or have a balance due:

- Ask your preparer about Direct Deposit. It is the fastest, easiest way to receive your tax refund. An e-filed return means a fast refund. Taxpayers who combine e-file and Direct Deposit can get their refunds in as few as 10 days.
- Ask your preparer about purchasing Series I U.S. Savings Bonds with part or all of your tax refund. Savings bonds are a safe and secure way to invest in the future. Purchase I Bonds for yourself or others in multiples of $50 and earn interest for up to 30 years.

If you are due a refund, would you like a direct deposit?	☐ Yes	☒ No
If you are due a refund, would you like information on how to purchase U.S. Savings Bonds?	☐ Yes	☒ No
If you are due a refund, would you like information on how to split your refund between accounts?	☐ Yes	☒ No
If you have a balance due, would you like to make a payment directly from your bank account?	☐ Yes	☒ No

Additional comments:

STOP HERE!

Thank you for completing this form.
Please give this form to the certified volunteer preparer for use in preparing your return.

Your Civil Rights are Protected: It is the Internal Revenue Service's mission to provide America's taxpayers top quality service by helping them understand and meet their tax responsibilities and by applying the tax law with integrity and fairness to all. Under no circumstances will the Internal Revenue Service tolerate discrimination by its employees, grantees, contractors, and/or subcontractors. NO ONE shall be excluded from participating in, be denied the benefits of, or be subject to discrimination because of race, color, sex, national origin, disability, reprisal, or age in programs or activities funded by the Department of Treasury – Internal Revenue Service. Any person who believes that he/she has been discriminated against on the basis of race, color, sex, national origin, disability, reprisal or age in programs or activities receiving financial assistance (e.g. Low-Income Tax Clinics, Tax Counseling for the Elderly) from the Department of Treasury IRS, may submit a written complaint to: National Headquarters;Office of Equity, Diversity & Inclusion; Internal Revenue Service; Attn: Director, Civil Rights Division (External Civil Rights Team); 1111 Constitution Ave., NW Room 2422; Washington, DC 20224.

Paperwork Reduction Act Notice

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

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Section B. For Certified Volunteer Preparer Completion

Remember: You are the link between the taxpayer's information and a correct tax return. Verify the taxpayer's information on pages 1, 2 & 3 is complete. All questions must be discussed with the taxpayer and all "Unsure" responses should be changed to "Yes" or "No".

Must be completed by Certified Volunteer only if persons are listed in Part II Question 2

Check if persons are listed in Part II Question 2 ☐

☐ Yes ☐ No 1. Can anyone else claim any of the persons listed in Part II, Question 2, as a dependent on their return? **If yes, which ones:**

___

☐ Yes ☐ No 2. Were any of the persons listed in Part II, Question 2, totally and permanently disabled? **If yes, which ones:**

___

☐ Yes ☐ No 3. Did any of the persons listed in Part II, Question 2 provide more than 50% of their own support? **If yes, which ones:**

___

☐ Yes ☐ No ☐ N/A 4. Did the taxpayer? provide more than half the support for each of the persons in Part II, Question 2? **If yes, which ones:**

___

☐ Yes ☐ No 5. Did the taxpayer? pay over half the cost of maintaining a home for any of the persons in Part II, Question 2? **If yes, which ones:**

___

Reminders

Use Publication 4012, *Volunteer Resource Guide* and Publication 17, *Your Federal Income Tax* in making tax law determinations.

Section C. For Certified Quality Reviewer Completion

Confirm each item after reviewing the tax return and verifying that it reflects correct tax law application to the information provided by the taxpayer.

1. **Sections A & B** of this form are complete.
2. **Taxpayer's identity, address** and **phone numbers** were verified.
3. **Names, SSN or ITINs, and dates of birth** of **taxpayer, spouse** and **dependents** match the supporting documents.
4. **Filing Status** is correctly determined.
5. **Personal** and **Dependency Exemptions** are entered correctly on the return.
6. All **information** shown on source documents and noted in Section A, Part III is included on the tax return.
7. Any **Adjustments to Income** are correctly reported.
8. **Standard, Additional** or **Itemized Deductions** are correct.
9. All c**redits** are correctly reported.
10. Withholding shown on Forms W-2, 1099 and **Estimated Tax Payments** are correctly reported.

☐ **All tax law issues above have been addressed and necessary changes have been made.**

☐ **If direct deposit or debit was elected, checking/saving account and routing information match the supporting documents.**

☐ **Correct SIDN and EFIN are shown on the return.**

Additional Tax Preparer Notes:

___

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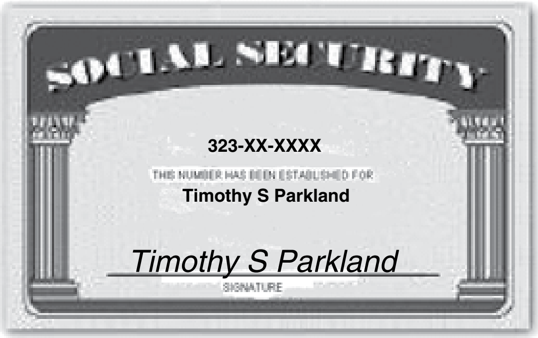

Interview Notes – Parkland

While using Form 13614-C to complete the interview with Lisa, the following information was used to complete the return.

- Stephen was deployed on March 15, 2010, and returned from Iraq in support of Enduring Freedom in time to enjoy Christmas with his family this past December.
- The only information that Lisa brought with her was Stephen's W-2. Lisa also told you that they received $22 of interest income from the Military Credit Union but did not receive a statement.
- They did not itemize last year. The state return does not need to be prepared. She said that neither of them want to designate any of their taxes for the Presidential Election Fund. If there is a refund, the check is to be mailed to their home address.

Note: Before completing Section B of Form 13614-C, go over Parts I-V with the taxpayer. Be sure to note anything on the intake sheet that changes as a result of this interview.

In addition, to ensure the accuracy of the taxpayer's return, the certified volunteer should complete Section C of the Form 13614-C prior to obtaining the taxpayer's signature.

a Employee's social security number: 321-XX-XXXX	OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file. Visit the IRS website at www.irs.gov/efile

b Employer identification number (EIN): 27-5XXXXXX	**1** Wages, tips, other compensation: $0.00	**2** Federal income tax withheld: $0.00
c Employer's name, address, and ZIP code: DFAS P O BOX 8889 INDIANAPOLIS, IN 46249-2410	**3** Social security wages: $31,795.63	**4** Social security tax withheld: $1,335.42
	5 Medicare wages and tips: $31,795.63	**6** Medicare tax withheld: $461.04
	7 Social security tips	**8** Allocated tips
d Control number	**9**	**10** Dependent care benefits
e Employee's first name and initial / Last name / Suff. Stephen L Parkland 756 Emerson Way Your City, Your State and Zip Code	**11** Nonqualified plans	**12a** See instructions for box 12 — Code Q: $31,795.63
	13 Statutory employee ☐ / Retirement plan ☒ / Third-party sick pay ☐	**12b** Code
	14 Other	**12c** Code
f Employee's address and ZIP code		**12d** Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
YS	12-3456789	$0.00	$0.00			

Form **W-2** **Wage and Tax Statement** 2011

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

As you were talking to Lisa while completing the diagnostics, she mentioned that she needed to get home as soon as possible. A neighbor was coming by her home to pick up a dress that she had altered. When you inquired further, she told you that she did minor alterations and repairs. Her in-home business is conducted in her military-provided housing, as approved by the base commander.

You asked about her income and any money that she spent on supplies. Lisa stated she had only made $7,500 doing this work and paid $728 in expenses. She said that she never had to maintain any inventory because she purchased supplies for each repair as she worked on it.

You explained to Lisa that the money she earned was taxable and subject to self-employment and would need to be included on their return. You advised her that since this was regarded as a business to be sure to keep records of any money received and of any expenses associated with this type of work. Since it was taxable she would be able to deduct expenses associated with the work.

Include this additional information in the Parklands' return.

Exercise 14 – Stetson Intake and Interview Sheet, page 1 of 4

Form **13614-C** (Rev. XX-XXXX)	Department of the Treasury – Internal Revenue Service **Intake/Interview & Quality Review Sheet**	**OMB # 1545-1964**

Section A. You should complete Pages 1-3
Thank you for allowing us to prepare your tax return. **You are responsible for the information on your return so please provide complete and accurate information to the certified tax preparer.** If you have any questions please ask your preparer.

You will need your:
- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of Identity (such as a valid drivers license or other government issued picture ID).

Part I. Your Personal Information

1. Your First Name	M. I.	Last Name	Are you a U.S. Citizen?
James	P	Stetson	[X] Yes [ ] No
2. Spouse's First Name	**M. I.**	**Last Name**	**Is spouse a U.S. Citizen?**
Dora	E	Stetson	[X] Yes [ ] No

3. Mailing Address	Apt#	City	State	Zip Code
314 Emerson Way		Your City	YS	Your Zip Code

4. Contact Information
Phone: 615-555-XXXX Cell Phone: E-mail: None

5. Your Date of Birth	6. Your Job Title	Are you: 7. Legally Blind	[ ] Yes [X] No
11/19/1973	Military	8. Totally and Permanently Disabled	[ ] Yes [X] No
9. Spouse's Date of Birth	10. Spouse's Job Title	Is Spouse: 11. Legally Blind	[ ] Yes [X] No
12/21/1974	Retail Sales	12. Totally and Permanently Disabled	[ ] Yes [X] No

13. Can anyone claim you or your spouse on their tax return? [ ] Yes [X] No [ ] Unsure

Part II. Marital Status and Household Information

1. As of December 31, 2011, were you?
   - [ ] Single
   - [X] Married: Did you live with your spouse during any part of the last six months of 2011? [X] Yes [ ] No
   - [ ] Divorced or Legally Separated: Date of final decree or separate maintenance agreement: ___________________
   - [ ] Widowed: Year of spouse's death: __________

2. List names below of everyone who lived in your home in 2011 (other than you or spouse). Also list anyone who lived outside of your home that you supported during 2011. If additional space is needed please check here [ ] and list on page 3.

Name (first, last) Do not enter your name or spouse's name below. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. daughter, son, mother, sister, none) (c)	Number of months lived in your home in 2011 (d)	US Citizen or resident of the US, Canada or Mexico in 2011 (yes/no) (e)	Marital Status as of 12/31/11 (S/M) (f)	Full-time student in 2011 (yes/no) (g)	Received less than $3700 income in 2011 (yes/no) (h)
Helen Stetson	07/29/02	Daughter	12	Yes	Single	Yes	Yes
William Burns	08/15/00	Son	12	Yes	Single	Yes	Yes
Gracie Stetson	09/08/99	Daughter	0	Yes	Single	Yes	Yes

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To check the status of your REFUND visit "Where's My Refund?" on www.irs.gov or call 1-800-829-1954 for assistance.

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Section A. Please complete – check Yes, No or Unsure to all questions below. Please ask if you need help.

Part III. Income – In 2011, did you (or your spouse) receive:

Yes	No	Unsure	
☒	☐	☐	1. Wages or Salary? (Form W-2)
☐	☒	☐	2. Tip Income?
☐	☒	☐	3. Scholarships? (Forms W-2, 1098-T)
☐	☒	☐	4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☒	☐	5. Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. Alimony Income?
☐	☒	☐	7. Self-Employment payments (such as cash received for services, small business)? (Form 1099-MISC)
☐	☒	☐	8. Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Forms 1099-S, 1099-B)
☐	☒	☐	9. Disability Income (such as payments from insurance or workers compensation)? (Forms 1099-R, W-2)
☐	☒	☐	10. Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R)
☐	☒	☐	11. Unemployment Compensation? (Form 1099-G)
☐	☒	☐	12. Social Security or Railroad Retirement Benefits? (Form SSA-1099)
☐	☒	☐	13. Income (or loss) from Rental Property?
☐	☒	☐	14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: ____________________ (Forms W-2 G, 1099-MISC)

Part IV. Expenses – In 2011 Did you (or your spouse) pay:

Yes	No	Unsure	
☐	☒	☐	1. Alimony: If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☐	☒	☐	2. Contributions to a retirement account? ☐ IRA ☐ Roth IRA ☐ 401K ☐ Other
☐	☒	☐	3. Educational expenses paid for yourself, spouse or dependents, such as tuitions, books, fees, etc.? (Form 1098-T)
☐	☒	☐	4. Unreimbursed employee business expenses (such as teacher supplies, uniforms or mileage)?
☐	☒	☐	5. Medical expenses (including health insurance premiums)?
☐	☒	☐	6. Home mortgage interest? (Form 1098)
☐	☒	☐	7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
☐	☒	☐	8. Charitable contributions?
☒	☐	☐	9. Child/dependent care expenses, such as day-care?

Part V. Life Events – In 2011 Did you (or your spouse):

Yes	No	Unsure	
☐	☒	☐	1. Have a Health Savings Account? (Form 5498-SA)
☐	☒	☐	2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
☐	☒	☐	3. Buy, sell or have a foreclosure of your home?
☐	☒	☐	4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? __________
☐	☒	☐	5. Purchase and install energy efficient home items (such as windows, furnace, insulation, etc.)?
☐	☒	☐	6. Live in an area that was affected by a natural disaster? If yes, where? ____________________
☐	☒	☐	7. Receive the First Time Homebuyers Credit in 2008?
☐	☒	☐	8. Pay any student loan interest? (Form 1098-E)
☐	☒	☐	9. Make estimated tax payments or apply last year's refund to your 2011 tax? If so how much? ________
☐	☒	☐	10. Attend school as a full time student? (Form 1098-T)
☐	☒	☐	11. Adopt a child?
☐	☒	☐	12. File a 2010 federal tax return containing a "capital loss carryover" on Form 1040 Schedule D?

Presidential Election Campaign Fund: (If you check a box, your tax or refund will not change.)
Check here if you, or your spouse if filing jointly, want $3 to go to this fund ☐ You ☐ Spouse

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Additional Information and Questions related to the preparation of your return

Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.

Other than English what language is spoken in the home? None

Are you or a member of your household considered disabled? ☐ **Yes** ☒ **No**

If you are due a refund or have a balance due:

- Ask your preparer about Direct Deposit. It is the fastest, easiest way to receive your tax refund. An e-filed return means a fast refund. Taxpayers who combine e-file and Direct Deposit can get their refunds in as few as 10 days.
- Ask your preparer about purchasing Series I U.S. Savings Bonds with part or all of your tax refund. Savings bonds are a safe and secure way to invest in the future. Purchase I Bonds for yourself or others in multiples of $50 and earn interest for up to 30 years.

If you are due a refund, would you like a direct deposit?	☐ Yes	☒ No
If you are due a refund, would you like information on how to purchase U.S. Savings Bonds?	☐ Yes	☒ No
If you are due a refund, would you like information on how to split your refund between accounts?	☐ Yes	☒ No
If you have a balance due, would you like to make a payment directly from your bank account?	☐ Yes	☒ No

Additional comments:

STOP HERE!

Thank you for completing this form.
Please give this form to the certified volunteer preparer for use in preparing your return.

Your Civil Rights are Protected: It is the Internal Revenue Service's mission to provide America's taxpayers top quality service by helping them understand and meet their tax responsibilities and by applying the tax law with integrity and fairness to all. Under no circumstances will the Internal Revenue Service tolerate discrimination by its employees, grantees, contractors, and/or subcontractors. NO ONE shall be excluded from participating in, be denied the benefits of, or be subject to discrimination because of race, color, sex, national origin, disability, reprisal, or age in programs or activities funded by the Department of Treasury – Internal Revenue Service. Any person who believes that he/she has been discriminated against on the basis of race, color, sex, national origin, disability, reprisal or age in programs or activities receiving financial assistance (e.g. Low-Income Tax Clinics, Tax Counseling for the Elderly) from the Department of Treasury IRS, may submit a written complaint to: National Headquarters;Office of Equity, Diversity & Inclusion; Internal Revenue Service; Attn: Director, Civil Rights Division (External Civil Rights Team); 1111 Constitution Ave., NW Room 2422; Washington, DC 20224.

Paperwork Reduction Act Notice

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

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Section B. For Certified Volunteer Preparer Completion

Remember: You are the link between the taxpayer's information and a correct tax return. Verify the taxpayer's information on pages 1, 2 & 3 is complete. All questions must be discussed with the taxpayer and all "Unsure" responses should be changed to "Yes" or "No".

Must be completed by Certified Volunteer only if persons are listed in Part II Question 2

Check if persons are listed in Part II Question 2 ☐

☐ Yes ☐ No 1. Can anyone else claim any of the persons listed in Part II, Question 2, as a dependent on their return? **If yes, which ones:**

☐ Yes ☐ No 2. Were any of the persons listed in Part II, Question 2, totally and permanently disabled? **If yes, which ones:**

☐ Yes ☐ No 3. Did any of the persons listed in Part II, Question 2 provide more than 50% of their own support? **If yes, which ones:**

☐ Yes ☐ No ☐ N/A 4. Did the taxpayer? provide more than half the support for each of the persons in Part II, Question 2? **If yes, which ones:**

☐ Yes ☐ No 5. Did the taxpayer? pay over half the cost of maintaining a home for any of the persons in Part II, Question 2? **If yes, which ones:**

Reminders

Use Publication 4012, *Volunteer Resource Guide* and Publication 17, *Your Federal Income Tax* in making tax law determinations.

Section C. For Certified Quality Reviewer Completion

Confirm each item after reviewing the tax return and verifying that it reflects correct tax law application to the information provided by the taxpayer.

1. **Sections A & B** of this form are complete.
2. **Taxpayer's identity, address** and **phone numbers** were verified.
3. **Names, SSN or ITINs, and dates of birth** of **taxpayer, spouse** and **dependents** match the supporting documents.
4. **Filing Status** is correctly determined.
5. **Personal** and **Dependency Exemptions** are entered correctly on the return.
6. All **information** shown on source documents and noted in Section A, Part III is included on the tax return.
7. Any **Adjustments to Income** are correctly reported.
8. **Standard, Additional** or **Itemized Deductions** are correct.
9. All c**redits** are correctly reported.
10. Withholding shown on Forms W-2, 1099 and **Estimated Tax Payments** are correctly reported.

☐ **All tax law issues above have been addressed and necessary changes have been made.**

☐ **If direct deposit or debit was elected, checking/saving account and routing information match the supporting documents.**

☐ **Correct SIDN and EFIN are shown on the return.**

Additional Tax Preparer Notes:

Catalog Number 52121E

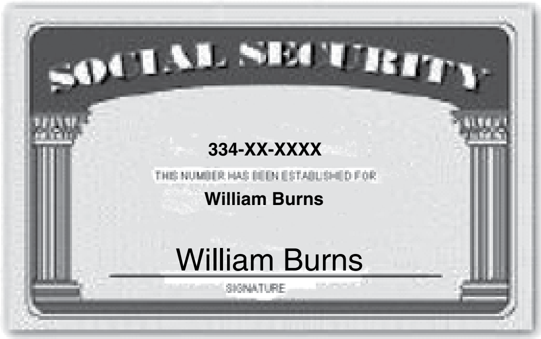
Form **13614-C** (Rev. xx-xxxx)

4


SOCIAL SECURITY
331-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
James P Stetson
James P Stetson
SIGNATURE


SOCIAL SECURITY
332-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
Dora E Stetson
Dora E Stetson
SIGNATURE


SOCIAL SECURITY
333-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
Gracie E Stetson
Gracie E Stetson
SIGNATURE


SOCIAL SECURITY
334-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
William Burns
William Burns
SIGNATURE


SOCIAL SECURITY
335-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
Helen J Stetson
Helen J Stetson
SIGNATURE

Interview Notes – Stetson

While using Form 13614-C to complete the interview with James and Dora, the following information was used to complete the return.

- The Stetsons moved to their current base from a base in North Carolina on September 1, 2010.
- James' daughter, Gracie, from his previous marriage lives with her mother. James pays $326 per month in child support. James has a signed Form 8332 that allows him to claim the exemption for Gracie in even-numbered years.
- William is Dora's child. His father is deceased. He lived with his mother all year.
- Helen is the child of this marriage.
- While at this base they paid for after-school day care for William and Helen. They paid $100 per week for 15 weeks to Terrill's Tots, 798 Lucas Way, Your City, Your State, Your ZIP Code. The EIN for Terrill's Tots is 29-2XXXXXX.
- James worked as a part time teacher for the off-site campus of the University of Maryland. He was paid $1,500.00 and incurred mileage expenses from January 17, 2011 through March 17, 2011 of $250 and expenses for supplies of $103.
- They did not itemize last year. The state return does not need to be prepared. Neither James nor Dora would like to contribute to the Presidential Election Campaign Fund. If there is a refund, the check is to be mailed to their home address.
- Neither are full time students and EITC has never been disallowed.

Note: Before completing Section B of Form 13614-C, go over Parts I-V with the taxpayer. Be sure to note anything on the intake sheet that changes as a result of this interview.

In addition, to ensure the accuracy of the taxpayer's return, the certified volunteer should complete Section C of the Form 13614-C prior to obtaining the taxpayer's signature.

	a Employee's social security number 331-XX-XXXX	OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file — Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN) 27-5XXXXXX		1 Wages, tips, other compensation $32,340.50	2 Federal income tax withheld $4,851.07
c Employer's name, address, and ZIP code DFAS P.O. Box 8889 Indianapolis, IN 46249-2410		3 Social security wages $38,340.50	4 Social security tax withheld $1,610.30
		5 Medicare wages and tips $38,340.50	6 Medicare tax withheld $555.94
		7 Social security tips	8 Allocated tips
d Control number		9	10 Dependent care benefits
e Employee's first name and initial — Last name — Suff. James Stetson 798 Park Drive Your City, State and Zip Code		11 Nonqualified plans	12a See instructions for box 12 Code D — $6,000.00
		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
f Employee's address and ZIP code			

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
YS	98-7654321	$32,304.50	$2,398.67			

Form **W-2** **Wage and Tax Statement** **2011**

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. University of Maryland P O Box 1259 College Park, MD 20741-1259		1 Rents $	OMB No. 1545-0115 2011 Form 1099-MISC	**Miscellaneous Income**
		2 Royalties $		
		3 Other income $	4 Federal income tax withheld $ 57.00	**Copy B For Recipient**
PAYER'S federal identification number 29-1XXXXXX	RECIPIENT'S identification number 331-XX-XXXX	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name James Stetson		7 Nonemployee compensation $ 1500.00	8 Substitute payments in lieu of dividends or interest $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 798 Park Drive		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	10 Crop insurance proceeds $	
City, state, and ZIP code Your City, Your State and Zip Code		11	12	
Account number (see instructions)		13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $

Form **1099-MISC** (keep for your records) Department of the Treasury - Internal Revenue Service

	a Employee's social security number 331-XX-XXXX	OMB No. 1545-0008	**Safe, accurate, FAST! Use** IRS e-file — Visit the IRS website at *www.irs.gov/efile*

b Employer identification number (EIN) 27-4XXXXXX	**1** Wages, tips, other compensation $6,900.00	**2** Federal income tax withheld $600.00
c Employer's name, address, and ZIP code Michelin Clothing Store 6717 Grover Drive Fairview, KY 42221	**3** Social security wages $6,900.00	**4** Social security tax withheld $289.80
	5 Medicare wages and tips $6,900.00	**6** Medicare tax withheld $100.05
	7 Social security tips	**8** Allocated tips
d Control number	**9**	**10** Dependent care benefits
e Employee's first name and initial Last name Suff.	**11** Nonqualified plans	**12a** See instructions for box 12 Code
Dora Stetson 798 Park Drive Your City, State and Zip Code	**13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code
	14 Other	**12c** Code
		12d Code
f Employee's address and ZIP code		

15 State	Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name
YS	67-9854321	$6,900.00	$295.00			

Form **W-2** **Wage and Tax Statement** 2011

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Form **13614-C** (Rev. XX-XXXX)	Department of the Treasury – Internal Revenue Service **Intake/Interview & Quality Review Sheet**	**OMB # 1545-1964**

Section A. You should complete Pages 1-3
Thank you for allowing us to prepare your tax return. **You are responsible for the information on your return so please provide complete and accurate information to the certified tax preparer.** If you have any questions please ask your preparer.

You will need your:
- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of Identity (such as a valid drivers license or other government issued picture ID).

Part I. Your Personal Information

1. Your First Name	M. I.	Last Name	Are you a U.S. Citizen?
Ronald	C	Woods	☒ Yes ☐ No
2. Spouse's First Name	M. I.	Last Name	Is spouse a U.S. Citizen?
Patricia	A	Woods	☐ Yes ☒ No

3. Mailing Address	Apt#	City	State	Zip Code
7491 May Lyn Way		Your City	YS	Your Zip Code

4. Contact Information
Phone: 717-555-XXXX Cell Phone: E-mail: None

5. Your Date of Birth	6. Your Job Title	Are you: 7. Legally Blind	☐ Yes ☒ No
05/07/1981	Military	8. Totally and Permanently Disabled	☐ Yes ☒ No
9. Spouse's Date of Birth	10. Spouse's Job Title	Is Spouse: 11. Legally Blind	☐ Yes ☒ No
12/15/1981	Homemaker	12. Totally and Permanently Disabled	☐ Yes ☒ No

13. Can anyone claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

Part II. Marital Status and Household Information

1. As of December 31, 2011, were you?
   - ☐ Single
   - ☒ Married: Did you live with your spouse during any part of the last six months of 2011? ☒ Yes ☐ No
   - ☐ Divorced or Legally Separated: Date of final decree or separate maintenance agreement: __________________
   - ☐ Widowed: Year of spouse's death: __________

2. List names below of everyone who lived in your home in 2011 (other than you or spouse). Also list anyone who lived outside of your home that you supported during 2011. If additional space is needed please check here ☐ and list on page 3.

Name (first, last) Do not enter your name or spouse's name below. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. daughter, son, mother, sister, none) (c)	Number of months lived in your home in 2011 (d)	US Citizen or resident of the US, Canada or Mexico in 2011 (yes/no) (e)	Marital Status as of 12/31/11 (S/M) (f)	Full-time student in 2011 (yes/no) (g)	Received less than $3700 income in 2011 (yes/no) (h)
Charles Woods	03/15/07	Son	12	Yes	Single	Yes	Yes

- **Volunteers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.**
- To report unethical behavior to IRS, **email us at wi.voltax@irs.gov** or call t**oll free 1-877-330-1205.**

To check the status of your REFUND visit "Where's My Refund?" on www.irs.gov or call 1-800-829-1954 for assistance.

Catalog Number 52121E Form **13614-C** (Rev. XX-XXXX)
1

Section A. Please complete – check Yes, No or Unsure to all questions below. Please ask if you need help.

Part III. Income – In 2011, did you (or your spouse) receive:

Yes	No	Unsure	
☒	☐	☐	1. Wages or Salary? (Form W-2)
☐	☒	☐	2. Tip Income?
☐	☒	☐	3. Scholarships? (Forms W-2, 1098-T)
☐	☒	☐	4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☒	☐	5. Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. Alimony Income?
☐	☒	☐	7. Self-Employment payments (such as cash received for services, small business)? (Form 1099-MISC)
☐	☒	☐	8. Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Forms 1099-S, 1099-B)
☐	☒	☐	9. Disability Income (such as payments from insurance or workers compensation)? (Forms 1099-R, W-2)
☐	☒	☐	10. Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R)
☐	☒	☐	11. Unemployment Compensation? (Form 1099-G)
☐	☒	☐	12. Social Security or Railroad Retirement Benefits? (Form SSA-1099)
☐	☒	☐	13. Income (or loss) from Rental Property?
☐	☒	☐	14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: ______________________ (Forms W-2 G, 1099-MISC)

Part IV. Expenses – In 2011 Did you (or your spouse) pay:

Yes	No	Unsure	
☐	☒	☐	1. Alimony: If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☒	☐	☐	2. Contributions to a retirement account? ☐ IRA ☐ Roth IRA ☐ 401K ☒ Other
☐	☒	☐	3. Educational expenses paid for yourself, spouse or dependents, such as tuitions, books, fees, etc.? (Form 1098-T)
☐	☒	☐	4. Unreimbursed employee business expenses (such as teacher supplies, uniforms or mileage)?
☐	☒	☐	5. Medical expenses (including health insurance premiums)?
☐	☒	☐	6. Home mortgage interest? (Form 1098)
☐	☒	☐	7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
☐	☒	☐	8. Charitable contributions?
☐	☒	☐	9. Child/dependent care expenses, such as day-care?

Part V. Life Events – In 2011 Did you (or your spouse):

Yes	No	Unsure	
☐	☒	☐	1. Have a Health Savings Account? (Form 5498-SA)
☐	☒	☐	2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
☐	☒	☐	3. Buy, sell or have a foreclosure of your home?
☐	☒	☐	4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? ____________
☐	☒	☐	5. Purchase and install energy efficient home items (such as windows, furnace, insulation, etc.)?
☐	☒	☐	6. Live in an area that was affected by a natural disaster? If yes, where? _________________________
☐	☒	☐	7. Receive the First Time Homebuyers Credit in 2008?
☐	☒	☐	8. Pay any student loan interest? (Form 1098-E)
☐	☒	☐	9. Make estimated tax payments or apply last year's refund to your 2011 tax? If so how much? ________
☐	☒	☐	10. Attend school as a full time student? (Form 1098-T)
☐	☒	☐	11. Adopt a child?
☐	☒	☐	12. File a 2010 federal tax return containing a "capital loss carryover" on Form 1040 Schedule D?

Presidential Election Campaign Fund: (If you check a box, your tax or refund will not change.)
Check here if you, or your spouse if filing jointly, want $3 to go to this fund ☒ You ☒ Spouse

Catalog Number 52121E Form **13614-C** (Rev. xx-xxxx)
2

Additional Information and Questions related to the preparation of your return

Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.

Other than English what language is spoken in the home? Swedish

Are you or a member of your household considered disabled? ☐ **Yes** ☒ **No**

If you are due a refund or have a balance due:

- Ask your preparer about Direct Deposit. It is the fastest, easiest way to receive your tax refund. An e-filed return means a fast refund. Taxpayers who combine e-file and Direct Deposit can get their refunds in as few as 10 days.
- Ask your preparer about purchasing Series I U.S. Savings Bonds with part or all of your tax refund. Savings bonds are a safe and secure way to invest in the future. Purchase I Bonds for yourself or others in multiples of $50 and earn interest for up to 30 years.

If you are due a refund, would you like a direct deposit?	☐ Yes	☒ No
If you are due a refund, would you like information on how to purchase U.S. Savings Bonds?	☐ Yes	☒ No
If you are due a refund, would you like information on how to split your refund between accounts?	☐ Yes	☒ No
If you have a balance due, would you like to make a payment directly from your bank account?	☐ Yes	☒ No

Additional comments:

STOP HERE!

Thank you for completing this form.
Please give this form to the certified volunteer preparer for use in preparing your return.

Your Civil Rights are Protected: It is the Internal Revenue Service's mission to provide America's taxpayers top quality service by helping them understand and meet their tax responsibilities and by applying the tax law with integrity and fairness to all. Under no circumstances will the Internal Revenue Service tolerate discrimination by its employees, grantees, contractors, and/or subcontractors. NO ONE shall be excluded from participating in, be denied the benefits of, or be subject to discrimination because of race, color, sex, national origin, disability, reprisal, or age in programs or activities funded by the Department of Treasury – Internal Revenue Service. Any person who believes that he/she has been discriminated against on the basis of race, color, sex, national origin, disability, reprisal or age in programs or activities receiving financial assistance (e.g. Low-Income Tax Clinics, Tax Counseling for the Elderly) from the Department of Treasury IRS, may submit a written complaint to: National Headquarters;Office of Equity, Diversity & Inclusion; Internal Revenue Service; Attn: Director, Civil Rights Division (External Civil Rights Team); 1111 Constitution Ave., NW Room 2422; Washington, DC 20224.

Paperwork Reduction Act Notice

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Catalog Number 52121E — Form **13614-C** (Rev. xx-xxxx)

3

Section B. For Certified Volunteer Preparer Completion

Remember: You are the link between the taxpayer's information and a correct tax return. Verify the taxpayer's information on pages 1, 2 & 3 is complete. All questions must be discussed with the taxpayer and all "Unsure" responses should be changed to "Yes" or "No".

Must be completed by Certified Volunteer only if persons are listed in Part II Question 2

Check if persons are listed in Part II Question 2 ☐

☐ Yes ☐ No 1. Can anyone else claim any of the persons listed in Part II, Question 2, as a dependent on their return? **If yes, which ones:**

☐ Yes ☐ No 2. Were any of the persons listed in Part II, Question 2, totally and permanently disabled? **If yes, which ones:**

☐ Yes ☐ No 3. Did any of the persons listed in Part II, Question 2 provide more than 50% of their own support? **If yes, which ones:**

☐ Yes ☐ No ☐ N/A 4. Did the taxpayer? provide more than half the support for each of the persons in Part II, Question 2? **If yes, which ones:**

☐ Yes ☐ No 5. Did the taxpayer? pay over half the cost of maintaining a home for any of the persons in Part II, Question 2? **If yes, which ones:**

Reminders

Use Publication 4012, *Volunteer Resource Guide* and Publication 17, *Your Federal Income Tax* in making tax law determinations.

Section C. For Certified Quality Reviewer Completion

Confirm each item after reviewing the tax return and verifying that it reflects correct tax law application to the information provided by the taxpayer.

1. **Sections A & B** of this form are complete.
2. **Taxpayer's identity, address** and **phone numbers** were verified.
3. **Names, SSN or ITINs, and dates of birth** of **taxpayer, spouse** and **dependents** match the supporting documents.
4. **Filing Status** is correctly determined.
5. **Personal** and **Dependency Exemptions** are entered correctly on the return.
6. All **information** shown on source documents and noted in Section A, Part III is included on the tax return.
7. Any **Adjustments to Income** are correctly reported.
8. **Standard, Additional** or **Itemized Deductions** are correct.
9. All c**redits** are correctly reported.
10. Withholding shown on Forms W-2, 1099 and **Estimated Tax Payments** are correctly reported.

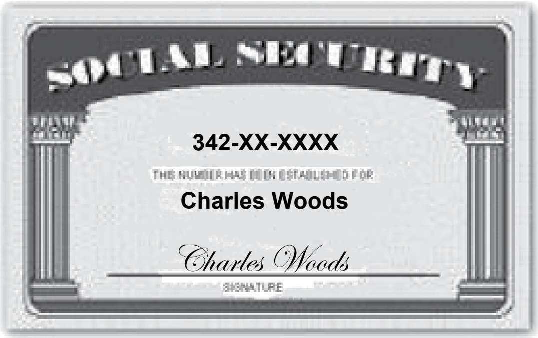
☐ **All tax law issues above have been addressed and necessary changes have been made.**

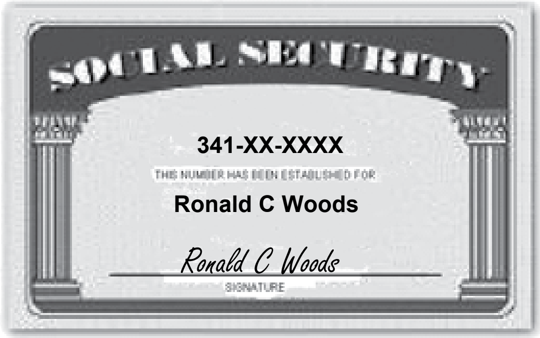
☐ **If direct deposit or debit was elected, checking/saving account and routing information match the supporting documents.**

☐ **Correct SIDN and EFIN are shown on the return.**

Additional Tax Preparer Notes:

Catalog Number 52121E Form **13614-C** (Rev. xx-xxxx)
4





Interview Notes – Woods

While using Form 13614-C to complete the interview with the Woods, the following information was used to complete the return.

- Ronald returned to his home base in the United States this past year. He brought his wife Patricia, who is a Swiss citizen, and their son Charles, who was born abroad. He met and married Patricia while he was stationed in Europe.
- Ronald asked if he could file a joint return with Patricia. They provided a copy of her letter from the IRS which indicated her individual tax identification number was 9XX-70-XXXX.
- Their only income was his military salary. They do not have any deductions.
- They do not need a state return prepared for them. He did not itemize deductions last year. If there is a refund, it is to be mailed to their home. Both Ronald and Patricia wish to contribute to the Presidential Election Fund.

Before completing Section B of Form 13614-C, go over Parts I-V with the taxpayer. Be sure to note anything on the intake sheet that changes as a result of this interview.

In addition, to ensure the accuracy of the taxpayer's return, the certified volunteer should complete Section C of the Form 13614-C prior to obtaining the taxpayer's signature.

	a Employee's social security number 341-XX-XXXX	OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file — Visit the IRS website at *www.irs.gov/efile*
b Employer identification number (EIN) 27-5XXXXXX		1 Wages, tips, other compensation $27,132.50	2 Federal income tax withheld $2,539.47
c Employer's name, address, and ZIP code DFAS P.O. Box 8889 Indianapolis, IN 46249-2410		3 Social security wages $28,332.50	4 Social security tax withheld $1,189.97
		5 Medicare wages and tips $28,332.50	6 Medicare tax withheld $410.82
		7 Social security tips	8 Allocated tips
d Control number		9	10 Dependent care benefits
e Employee's first name and initial / Last name / Suff. Ronald Woods 749 Oak Drive Your City, State and ZIP Code		11 Nonqualified plans	12a See instructions for box 12 Code D $1,200.00
		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12b Code
		14 Other	12c Code
f Employee's address and ZIP code			12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
YS	54-6798321	$27,132.50	$1,439.87			

Form **W-2** **Wage and Tax Statement** **2011**

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Problem D – Brooks Intake and Interview Sheet, page 1 of 4

Form **13614-C** (Rev. XX-XXXX)	Department of the Treasury – Internal Revenue Service **Intake/Interview & Quality Review Sheet**	**OMB # 1545-1964**

Section A. You should complete Pages 1-3
Thank you for allowing us to prepare your tax return. **You are responsible for the information on your return so please provide complete and accurate information to the certified tax preparer.** If you have any questions please ask your preparer.

You will need your:
- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of Identity (such as a valid drivers license or other government issued picture ID).

Part I. Your Personal Information

1. Your First Name	M. I.	Last Name	Are you a U.S. Citizen?
Samuel	L	Brooks	☒ Yes ☐ No
2. Spouse's First Name	M. I.	Last Name	Is spouse a U.S. Citizen?
Leslee	M	Brooks	☐ Yes ☒ No

3. Mailing Address	Apt#	City	State	Zip Code
123 First Street		Your City	YS	Your Zip Code

4. Contact Information
Phone: 816-555-XXXX Cell Phone: 816-541-XXXX E-mail: None

5. Your Date of Birth	6. Your Job Title	Are you: 7. Legally Blind	☐ Yes ☒ No
02/04/1971	Military	8. Totally and Permanently Disabled	☐ Yes ☒ No
9. Spouse's Date of Birth	10. Spouse's Job Title	Is Spouse: 11. Legally Blind	☐ Yes ☒ No
02/11/1972	Electrical Engineer	12. Totally and Permanently Disabled	☐ Yes ☒ No

13. Can anyone claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

Part II. Marital Status and Household Information

1. As of December 31, 2011, were you?
   - ☐ Single
   - ☒ Married: Did you live with your spouse during any part of the last six months of 2011? ☒ Yes ☐ No
   - ☐ Divorced or Legally Separated: Date of final decree or separate maintenance agreement: __________________
   - ☐ Widowed: Year of spouse's death: _________

2. List names below of everyone who lived in your home in 2011 (other than you or spouse). Also list anyone who lived outside of your home that you supported during 2011. If additional space is needed please check here ☐ and list on page 3.

Name (first, last) Do not enter your name or spouse's name below. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. daughter, son, mother, sister, none) (c)	Number of months lived in your home in 2011 (d)	US Citizen or resident of the US, Canada or Mexico in 2011 (yes/no) (e)	Marital Status as of 12/31/11 (S/M) (f)	Full-time student in 2011 (yes/no) (g)	Received less than $3700 income in 2011 (yes/no) (h)
Rilea E Brooks	01/05/05	Daughter	12	Yes	Single	Yes	Yes
Jacob T Brooks	09/12/03	Son	12	Yes	Single	Yes	Yes
Kira C Brooks	12/12/99	Daughter	12	Yes	Single	Yes	Yes

- **Volunteers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.**
- To report unethical behavior to IRS, **email us at wi.voltax@irs.gov** or call t**oll free 1-877-330-1205.**

To check the status of your REFUND visit "Where's My Refund?" on www.irs.gov or call 1-800-829-1954 for assistance.

Catalog Number 52121E Form **13614-C** (Rev. xx-xxxx)
1

Section A. Please complete – check Yes, No or Unsure to all questions below. Please ask if you need help.

Part III. Income – In 2011, did you (or your spouse) receive:

Yes	No	Unsure	
☒	☐	☐	1. Wages or Salary? (Form W-2)
☐	☒	☐	2. Tip Income?
☐	☒	☐	3. Scholarships? (Forms W-2, 1098-T)
☐	☒	☐	4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☒	☐	5. Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. Alimony Income?
☐	☒	☐	7. Self-Employment payments (such as cash received for services, small business)? (Form 1099-MISC)
☐	☒	☐	8. Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Forms 1099-S, 1099-B)
☐	☒	☐	9. Disability Income (such as payments from insurance or workers compensation)? (Forms 1099-R, W-2)
☐	☒	☐	10. Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R)
☐	☒	☐	11. Unemployment Compensation? (Form 1099-G)
☐	☒	☐	12. Social Security or Railroad Retirement Benefits? (Form SSA-1099)
☒	☐	☐	13. Income (or loss) from Rental Property?
☐	☒	☐	14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: ______________________ (Forms W-2 G, 1099-MISC)

Part IV. Expenses – In 2011 Did you (or your spouse) pay:

Yes	No	Unsure	
☐	☒	☐	1. Alimony: If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☒	☐	☐	2. Contributions to a retirement account? ☐ IRA ☐ Roth IRA ☐ 401K ☒ Other
☒	☐	☐	3. Educational expenses paid for yourself, spouse or dependents, such as tuitions, books, fees, etc.? (Form 1098-T)
☐	☒	☐	4. Unreimbursed employee business expenses (such as teacher supplies, uniforms or mileage)?
☐	☒	☐	5. Medical expenses (including health insurance premiums)?
☒	☐	☐	6. Home mortgage interest? (Form 1098)
☒	☐	☐	7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
☒	☐	☐	8. Charitable contributions?
☐	☒	☐	9. Child/dependent care expenses, such as day-care?

Part V. Life Events – In 2011 Did you (or spouse):

Yes	No	Unsure	
☐	☒	☐	1. Have a Health Savings Account? (Form 5498-SA)
☐	☒	☐	2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
☐	☒	☐	3. Buy, sell or have a foreclosure of your home?
☐	☒	☐	4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? ___________
☐	☒	☐	5. Purchase and install energy efficient home items (such as windows, furnace, insulation, etc.)?
☐	☒	☐	6. Live in an area that was affected by a natural disaster? If yes, where? ________________________
☐	☒	☐	7. Receive the First Time Homebuyers Credit in 2008?
☐	☒	☐	8. Pay any student loan interest? (Form 1098-E)
☐	☒	☐	9. Make estimated tax payments or apply last year's refund to your 2011 tax? If so how much? ________
☒	☐	☐	10. Attend school as a full time student? (Form 1098-T)
☐	☒	☐	11. Adopt a child?
☐	☒	☐	12. File a 2010 federal tax return containing a "capital loss carryover" on Form 1040 Schedule D?

Presidential Election Campaign Fund: (If you check a box, your tax or refund will not change.)
Check here if you, or your spouse if filing jointly, want $3 to go to this fund ☒ You ☒ Spouse

Catalog Number 52121E — Form **13614-C** (Rev. xx-xxxx)
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Additional Information and Questions related to the preparation of your return

Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.

Other than English what language is spoken in the home? Swedish

Are you or a member of your household considered disabled? ☐ **Yes** ☒ **No**

If you are due a refund or have a balance due:

- Ask your preparer about Direct Deposit. It is the fastest, easiest way to receive your tax refund. An e-filed return means a fast refund. Taxpayers who combine e-file and Direct Deposit can get their refunds in as few as 10 days.
- Ask your preparer about purchasing Series I U.S. Savings Bonds with part or all of your tax refund. Savings bonds are a safe and secure way to invest in the future. Purchase I Bonds for yourself or others in multiples of $50 and earn interest for up to 30 years.

If you are due a refund, would you like a direct deposit?	☒ Yes	☐ No
If you are due a refund, would you like information on how to purchase U.S. Savings Bonds?	☐ Yes	☒ No
If you are due a refund, would you like information on how to split your refund between accounts?	☐ Yes	☒ No
If you have a balance due, would you like to make a payment directly from your bank account?	☒ Yes	☐ No

Additional comments:

STOP HERE!

Thank you for completing this form.

Please give this form to the certified volunteer preparer for use in preparing your return.

Your Civil Rights are Protected: It is the Internal Revenue Service's mission to provide America's taxpayers top quality service by helping them understand and meet their tax responsibilities and by applying the tax law with integrity and fairness to all. Under no circumstances will the Internal Revenue Service tolerate discrimination by its employees, grantees, contractors, and/or subcontractors. NO ONE shall be excluded from participating in, be denied the benefits of, or be subject to discrimination because of race, color, sex, national origin, disability, reprisal, or age in programs or activities funded by the Department of Treasury – Internal Revenue Service. Any person who believes that he/she has been discriminated against on the basis of race, color, sex, national origin, disability, reprisal or age in programs or activities receiving financial assistance (e.g. Low-Income Tax Clinics, Tax Counseling for the Elderly) from the Department of Treasury IRS, may submit a written complaint to: National Headquarters;Office of Equity, Diversity & Inclusion; Internal Revenue Service; Attn: Director, Civil Rights Division (External Civil Rights Team); 1111 Constitution Ave., NW Room 2422; Washington, DC 20224.

Paperwork Reduction Act Notice

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

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Problem D – Brooks Intake and Interview Sheet, page 4 of 4

Section B. For Certified Volunteer Preparer Completion

Remember: You are the link between the taxpayer's information and a correct tax return. Verify the taxpayer's information on pages 1, 2 & 3 is complete. All questions must be discussed with the taxpayer and all "Unsure" responses should be changed to "Yes" or "No".

Must be completed by Certified Volunteer only if persons are listed in Part II Question 2

Check if persons are listed in Part II Question 2 ☐

☐ Yes ☐ No 1. Can anyone else claim any of the persons listed in Part II, Question 2, as a dependent on their return? **If yes, which ones:**

____

____

____

☐ Yes ☐ No 2. Were any of the persons listed in Part II, Question 2, totally and permanently disabled? **If yes, which ones:**

____

____

____

☐ Yes ☐ No 3. Did any of the persons listed in Part II, Question 2 provide more than 50% of their own support? **If yes, which ones:**

____

____

____

☐ Yes ☐ No ☐ N/A 4. Did the taxpayer? provide more than half the support for each of the persons in Part II, Question 2? **If yes, which ones:**

____

____

____

☐ Yes ☐ No 5. Did the taxpayer? pay over half the cost of maintaining a home for any of the persons in Part II, Question 2? **If yes, which ones:**

____

____

____

Reminders

Use Publication 4012, *Volunteer Resource Guide* and Publication 17, *Your Federal Income Tax* in making tax law determinations.

Section C. For Certified Quality Reviewer Completion

Confirm each item after reviewing the tax return and verifying that it reflects correct tax law application to the information provided by the taxpayer.

1. **Sections A & B** of this form are complete.
2. **Taxpayer's identity, address** and **phone numbers** were verified.
3. **Names, SSN or ITINs, and dates of birth** of **taxpayer, spouse** and **dependents** match the supporting documents.
4. **Filing Status** is correctly determined.
5. **Personal** and **Dependency Exemptions** are entered correctly on the return.
6. All **information** shown on source documents and noted in Section A, Part III is included on the tax return.
7. Any **Adjustments to Income** are correctly reported.
8. **Standard, Additional** or **Itemized Deductions** are correct.
9. All c**redits** are correctly reported.
10. Withholding shown on Forms W-2, 1099 and **Estimated Tax Payments** are correctly reported.

☐ **All tax law issues above have been addressed and necessary changes have been made.**

☐ **If direct deposit or debit was elected, checking/saving account and routing information match the supporting documents.**

☐ **Correct SIDN and EFIN are shown on the return.**

Additional Tax Preparer Notes:

____

____

____

____

____

____

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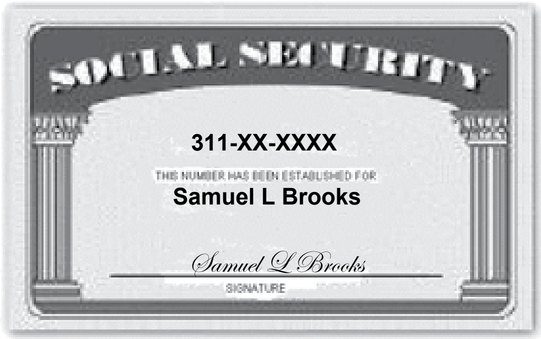

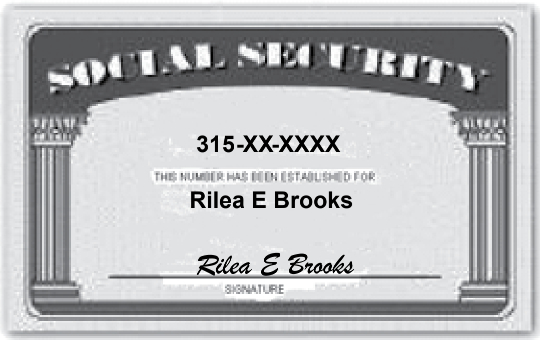

Interview Notes — Brooks

While using Form 13614-C to complete the interview with Leslee, the following information was used to complete the return.

- The Brooks have been married for fifteen years. Samuel Brooks is a teacher presently serving in Iraq. Leslee completed some continuing professional education (CPE) requirements for her job during the year.
- The Brooks do not need a state return prepared for them. They did not itemize deductions last year. If there is a refund, they would like direct deposit into their checking account. If there is a balance due they would like direct debit from their checking account. Samuel and Leslee would both like to contribute to the Presidential Election Fund.

Note: Before completing Section B of Form 13614-C, go over Parts I-V with the taxpayer. Be sure to note anything on the intake sheet that changes as a result of this interview.

In addition, to ensure the accuracy of the taxpayer's return, the certified volunteer should complete Section C of the Form 13614-C prior to obtaining the taxpayer's signature.

Samuel L. and Leslee M. Brooks

123 First Street
Your City, State, and Zip Code

1234

15-000000000

PAY TO THE
ORDER OF ______________________ $

______________________ DOLLARS

Military Credit Union
Anytown, USA

For

|:062005690 |:00578965542 1234

Line 7—Brooks

Mrs. Brooks brought all of their W-2's.

a Employee's social security number: 311-XX-XXXX

OMB No. 1545-0008

Safe, accurate, FAST! Use e-file. Visit the IRS website at www.irs.gov/efile

b Employer identification number (EIN)	30-5XXXXXX
c Employer's name, address, and ZIP code	Mount Asbury School of Technology 628 Park Avenue Fairview, KY 42221
d Control number	
e Employee's first name and initial / Last name / Suff.	Samuel Brooks 954 Sproul Way Your City, State and ZIP Code
f Employee's address and ZIP code	
1 Wages, tips, other compensation	$14,672.00
2 Federal income tax withheld	$300.00
3 Social security wages	$14,672.00
4 Social security tax withheld	$616.22
5 Medicare wages and tips	$14,672.00
6 Medicare tax withheld	$212.74
7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	
12b	
12c	
12d	
13 Statutory employee / Retirement plan / Third-party sick pay	☐ / ☐ / ☐
14 Other	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
YS	21-3456789	$14,672.00	$889.00			

Form **W-2** **Wage and Tax Statement** 2011

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Employee's social security number: 311-XX-XXXX

OMB No. 1545-0008

Safe, accurate, FAST! Use e-file. Visit the IRS website at www.irs.gov/efile

b Employer identification number (EIN)	27-5XXXXXX
c Employer's name, address, and ZIP code	DFAS P.O. Box 8889 Indianapolis, IN 46249-2410
d Control number	
e Employee's first name and initial / Last name / Suff.	Samuel Brooks 954 Sproul Way Your City, State and ZIP Code
f Employee's address and ZIP code	
1 Wages, tips, other compensation	$0.00
2 Federal income tax withheld	$0.00
3 Social security wages	$18,239.54
4 Social security tax withheld	$766.06
5 Medicare wages and tips	$18,239.54
6 Medicare tax withheld	$264.47
7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	Code Q — $18,239.54
12b	
12c	
12d	
13 Statutory employee / Retirement plan / Third-party sick pay	☐ / ☒ / ☐
14 Other	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** **Wage and Tax Statement** 2011

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Employee's social security number	311-XX-XXXX
OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file. Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN)	27-5XXXXXX
c Employer's name, address, and ZIP code	DFAS P.O. Box 8889 Indianapolis, IN 46249-2410
d Control number	
e Employee's first name and initial / Last name / Suff.	Samuel Brooks 954 Sproul Way Your City, State and ZIP Code
f Employee's address and ZIP code	
1 Wages, tips, other compensation	$1,783.95
2 Federal income tax withheld	$0.00
3 Social security wages	$1,783.95
4 Social security tax withheld	$74.93
5 Medicare wages and tips	$1,783.95
6 Medicare tax withheld	$25.87
7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	
12b	
12c	
12d	
13 Statutory employee / Retirement plan / Third-party sick pay	☐ / ☐ / ☐
14 Other	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
YS	13-5467982	$1,783.95	$96.33			

Form **W-2** **Wage and Tax Statement** 2011

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Employee's social security number	312-XX-XXXX
OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file. Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN)	30-6XXXXXX
c Employer's name, address, and ZIP code	Chem-Tech Inc 1 Boardwalk Way Fairview, KY 42221
d Control number	
e Employee's first name and initial / Last name / Suff.	Leslee Brooks 954 Sproul Way Your City, State and ZIP Code
f Employee's address and ZIP code	
1 Wages, tips, other compensation	$23,276.89
2 Federal income tax withheld	$2,327.69
3 Social security wages	$25,796.54
4 Social security tax withheld	$1,083.45
5 Medicare wages and tips	$25,796.54
6 Medicare tax withheld	$374.05
7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	Code D $2,519.65
12b	
12c	
12d	
13 Statutory employee / Retirement plan / Third-party sick pay	☐ / ☒ / ☐
14 Other	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
YS	79-2356481	$23,276.89	$2,103.45			

Form **W-2** **Wage and Tax Statement** 2011

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Employee's social security number 312-XX-XXXX	OMB No. 1545-0008	**Safe, accurate, FAST! Use** IRS e-file — Visit the IRS website at *www.irs.gov/efile*

b Employer identification number (EIN) 11-3XXXXXX	**1** Wages, tips, other compensation $3,652.50	**2** Federal income tax withheld $913.13
c Employer's name, address, and ZIP code DFAS ROME ATTN: MIL PCS TRAVEL 325 BROOKS ROAD ROME. NY 13441-4527	**3** Social security wages $3,652.50	**4** Social security tax withheld $153.41
	5 Medicare wages and tips $3,652.50	**6** Medicare tax withheld $52.96
	7 Social security tips	**8** Allocated tips
d Control number	**9**	**10** Dependent care benefits
e Employee's first name and initial / Last name / Suff. Samuel L Brooks 954 Sproul Way Your City, State and ZIP Code	**11** Nonqualified plans	**12a** See instructions for box 12 Code P — $546.83
	13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	**12b** Code
	14 Other	**12c** Code
f Employee's address and ZIP code		**12d** Code

15 State	Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name
YS	33-4567910	$3,652.50	$0.00			

Form **W-2** **Wage and Tax Statement** 2011

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Note: Form 8880 will appear in the TaxWise® Forms Tree—do not complete.

Refund Monitor – Refund (Balance Due): $_____

Line 17—Rental Real Estate

When the Brooks moved to Samuel's first duty station, they could not sell their home. They asked a realtor friend to find a renter for them. It was available for rent July 1, 2011. They had records to show the income and expenses related to the rental property. They actively participated in their rental property.

It was rented on August 1, for $700 per month. They collected $3,500 in rent for 2011. Their rental expenses included $135 to their friend for finding a renter and $235 for yard maintenance and some small repairs. They paid $400 per year for property insurance. They received Form 1098, *Mortgage Interest Statement,* from Oak Grove National Bank. The bank reported that they had paid $5,815 in mortgage interest and $1,380 in property taxes on their home, which was located in Maple Way, Your State.

Their friend computed this year's depreciation for them, which would be $1,400. (This is calculated on an $84,000 basis for depreciation, 27 and one-half-year recovery period, mid-month convention, and straight-line method. The basis for depreciation is the value of the property [$90,000] less the value of the land [$6,000] which is not depreciable.)

Refund Monitor – Refund (Balance Due): $_____

Adjustments

Line 24—Reservist Business Expenses Adjustment

During the first five months of 2011 Samuel, an Army Reserve soldier, attended monthly drills at a site located 150 miles from his home. Leslee stated that he drove his car to the drill location each month. He also spent two nights each drill period at the local motel. The motel receipts indicated he paid $73 per night. His record of meal expenses showed that he spent a total of $338 for the five-month period. His expenses were not reimbursed. (These amounts are equal to the federal per diem amounts.)

Refund Monitor – Refund (Balance Due): $_____

Line 26—Moving Expenses Adjustment

Samuel did a "Do It Yourself" move to his permanent duty station when he entered active duty on June 15, 2011. Prior to his PCS, he received payment of $200.00 for temporary lodging allowance and $100.00 mileage allowance which were not included in his DITY W-2. He filed a travel voucher for $4,565.50 for his expenses and received a reimbursement of $3,652.50 after $913.13 was withheld for federal taxes. He received a W-2 from the Mil PCS Travel office reporting this. A "P" in box 12 of the W-2 indicated he was reimbursed $546.83 for meals during the move.

His other travel and lodging expenses that were not reimbursed were: mileage of 1,000 miles, moving of household pets of $250.00 and an additional room at the hotel of $473 due to occupancy limits.

Refund Monitor – Refund (Balance Due): $_____

Itemized Deductions

Line 40—Itemized Deductions

Leslee belongs to her state's professional organization for engineers. Her receipts indicate she paid $250 for dues and journals during 2011. The Brooks made charitable contributions to their church in the amount of $6300. They have a written acknowledgment from their church.

Refund Monitor – Refund (Balance Due): $_____

Credits

Line 49—Education Credits

Leslee completed 30 hours of required continuing professional education by taking several workshops at the local university. Her checks to the university totalled $3,000.

Refund Monitor – Refund (Balance Due): $_____

Line 50—Retirement Savings Contributions Credit

The Brooks do not qualify for Retirement Savings Contribution Credit

Line 64a—Earned Income Credit

Samuel and Leslee want to know if they qualify for the Earned Income Credit (EIC). Complete the EIC worksheet, as needed.

Refund Monitor – Refund (Balance Due): $_____

Line 74a—Amount You Want Refunded to You

Samuel and Leslee would like direct deposit. (See the check for their bank routing and account numbers.)

Refund Monitor – Refund (Balance Due): $_____

Exercise 16 – Vincennes Intake and Interview Sheet, page 1 of 4

Form **13614-C** (Rev. XX-XXXX)	Department of the Treasury – Internal Revenue Service **Intake/Interview & Quality Review Sheet**	**OMB # 1545-1964**

Section A. You should complete Pages 1-3
Thank you for allowing us to prepare your tax return. **You are responsible for the information on your return so please provide complete and accurate information to the certified tax preparer.** If you have any questions please ask your preparer.

You will need your:
- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of Identity (such as a valid drivers license or other government issued picture ID).

Part I. Your Personal Information

1. Your First Name	M. I.	Last Name	Are you a U.S. Citizen?
Devonshire	X	Vincennes	☒ Yes ☐ No
2. Spouse's First Name	M. I.	Last Name	Is spouse a U.S. Citizen?
Audrina	C	Vincennes	☒ Yes ☐ No

3. Mailing Address	Apt#	City	State	Zip Code
4822 Beech Drive		Your City	YS	Your Zip Code

4. Contact Information
Phone: 707-555-XXXX Cell Phone: 707-558-XXXX E-mail: None

5. Your Date of Birth	6. Your Job Title	Are you: 7. Legally Blind	☐ Yes ☒ No
07/17/1971	Military	8. Totally and Permanently Disabled	☐ Yes ☒ No
9. Spouse's Date of Birth	10. Spouse's Job Title	Is Spouse: 11. Legally Blind	☐ Yes ☒ No
03/18/1979	Advertising	12. Totally and Permanently Disabled	☐ Yes ☒ No

13. Can anyone claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

Part II. Marital Status and Household Information

1. As of December 31, 2011, were you?
   - ☐ Single
   - ☒ Married: Did you live with your spouse during any part of the last six months of 2011? ☒ Yes ☐ No
   - ☐ Divorced or Legally Separated: Date of final decree or separate maintenance agreement: __________________
   - ☐ Widowed: Year of spouse's death: _________

2. List names below of everyone who lived in your home in 2011 (other than you or spouse). Also list anyone who lived outside of your home that you supported during 2011. If additional space is needed please check here ☐ and list on page 3.

Name (first, last) Do not enter your name or spouse's name below. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. daughter, son, mother, sister, none) (c)	Number of months lived in your home in 2011 (d)	US Citizen or resident of the US, Canada or Mexico in 2011 (yes/no) (e)	Marital Status as of 12/31/11 (S/M) (f)	Full-time student in 2011 (yes/no) (g)	Received less than $3700 income in 2011 (yes/no) (h)

- **Volunteers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.**
- To report unethical behavior to IRS, **email us at wi.voltax@irs.gov** or call t**oll free 1-877-330-1205.**

To check the status of your REFUND visit "Where's My Refund?" on www.irs.gov or call 1-800-829-1954 for assistance.

Catalog Number 52121E Form **13614-C** (Rev. xx-xxxx)
1

Section A. Please complete – check Yes, No or Unsure to all questions below. Please ask if you need help.

Part III. Income – In 2011, did you (or your spouse) receive:

Yes	No	Unsure	
☒	☐	☐	1. Wages or Salary? (Form W-2)
☐	☒	☐	2. Tip Income?
☐	☒	☐	3. Scholarships? (Forms W-2, 1098-T)
☐	☒	☐	4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☒	☐	5. Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. Alimony Income?
☐	☒	☐	7. Self-Employment payments (such as cash received for services, small business)? (Form 1099-MISC)
☐	☒	☐	8. Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Forms 1099-S, 1099-B)
☐	☒	☐	9. Disability Income (such as payments from insurance or workers compensation)? (Forms 1099-R, W-2)
☐	☒	☐	10. Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R)
☐	☒	☐	11. Unemployment Compensation? (Form 1099-G)
☐	☒	☐	12. Social Security or Railroad Retirement Benefits? (Form SSA-1099)
☐	☒	☐	13. Income (or loss) from Rental Property?
☒	☐	☐	14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: ______________________ (Forms W-2 G, 1099-MISC)

Part IV. Expenses – In 2011 Did you (or your spouse) pay:

Yes	No	Unsure	
☐	☒	☐	1. Alimony: If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☐	☒	☐	2. Contributions to a retirement account? ☐ IRA ☐ Roth IRA ☐ 401K ☐ Other
☐	☒	☐	3. Educational expenses paid for yourself, spouse or dependents, such as tuitions, books, fees, etc.? (Form 1098-T)
☐	☒	☐	4. Unreimbursed employee business expenses (such as teacher supplies, uniforms or mileage)?
☐	☒	☐	5. Medical expenses (including health insurance premiums)?
☐	☒	☐	6. Home mortgage interest? (Form 1098)
☐	☒	☐	7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
☐	☒	☐	8. Charitable contributions?
☐	☒	☐	9. Child/dependent care expenses, such as day-care?

Part V. Life Events – In 2011 Did you (or your spouse):

Yes	No	Unsure	
☐	☒	☐	1. Have a Health Savings Account? (Form 5498-SA)
☐	☒	☐	2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
☐	☒	☐	3. Buy, sell or have a foreclosure of your home?
☐	☒	☐	4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? ___________
☐	☒	☐	5. Purchase and install energy efficient home items (such as windows, furnace, insulation, etc.)?
☐	☒	☐	6. Live in an area that was affected by a natural disaster? If yes, where? ________________________
☐	☒	☐	7. Receive the First Time Homebuyers Credit in 2008?
☐	☒	☐	8. Pay any student loan interest? (Form 1098-E)
☐	☒	☐	9. Make estimated tax payments or apply last year's refund to your 2011 tax? If so how much? _______
☐	☒	☐	10. Attend school as a full time student? (Form 1098-T)
☐	☒	☐	11. Adopt a child?
☐	☒	☐	12. File a 2010 federal tax return containing a "capital loss carryover" on Form 1040 Schedule D?

Presidential Election Campaign Fund: (If you check a box, your tax or refund will not change.)
Check here if you, or your spouse if filing jointly, want $3 to go to this fund ☐ You ☐ Spouse

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Additional Information and Questions related to the preparation of your return

Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.

Other than English what language is spoken in the home? German

Are you or a member of your household considered disabled? ☐ **Yes** ☒ **No**

If you are due a refund or have a balance due:

- Ask your preparer about Direct Deposit. It is the fastest, easiest way to receive your tax refund. An e-filed return means a fast refund. Taxpayers who combine e-file and Direct Deposit can get their refunds in as few as 10 days.
- Ask your preparer about purchasing Series I U.S. Savings Bonds with part or all of your tax refund. Savings bonds are a safe and secure way to invest in the future. Purchase I Bonds for yourself or others in multiples of $50 and earn interest for up to 30 years.

If you are due a refund, would you like a direct deposit?	☐ Yes	☒ No
If you are due a refund, would you like information on how to purchase U.S. Savings Bonds?	☐ Yes	☒ No
If you are due a refund, would you like information on how to split your refund between accounts?	☐ Yes	☒ No
If you have a balance due, would you like to make a payment directly from your bank account?	☐ Yes	☒ No

Additional comments:

STOP HERE!

Thank you for completing this form.

Please give this form to the certified volunteer preparer for use in preparing your return.

Your Civil Rights are Protected: It is the Internal Revenue Service's mission to provide America's taxpayers top quality service by helping them understand and meet their tax responsibilities and by applying the tax law with integrity and fairness to all. Under no circumstances will the Internal Revenue Service tolerate discrimination by its employees, grantees, contractors, and/or subcontractors. NO ONE shall be excluded from participating in, be denied the benefits of, or be subject to discrimination because of race, color, sex, national origin, disability, reprisal, or age in programs or activities funded by the Department of Treasury – Internal Revenue Service. Any person who believes that he/she has been discriminated against on the basis of race, color, sex, national origin, disability, reprisal or age in programs or activities receiving financial assistance (e.g. Low-Income Tax Clinics, Tax Counseling for the Elderly) from the Department of Treasury IRS, may submit a written complaint to: National Headquarters;Office of Equity, Diversity & Inclusion; Internal Revenue Service; Attn: Director, Civil Rights Division (External Civil Rights Team); 1111 Constitution Ave., NW Room 2422; Washington, DC 20224.

Paperwork Reduction Act Notice

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

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Section B. For Certified Volunteer Preparer Completion

Remember: You are the link between the taxpayer's information and a correct tax return. Verify the taxpayer's information on pages 1, 2 & 3 is complete. All questions must be discussed with the taxpayer and all "Unsure" responses should be changed to "Yes" or "No".

Must be completed by Certified Volunteer only if persons are listed in Part II Question 2

Check if persons are listed in Part II Question 2 ☐

☐ Yes ☐ No 1. Can anyone else claim any of the persons listed in Part II, Question 2, as a dependent on their return? **If yes, which ones:**

____

☐ Yes ☐ No 2. Were any of the persons listed in Part II, Question 2, totally and permanently disabled? **If yes, which ones:**

____

☐ Yes ☐ No 3. Did any of the persons listed in Part II, Question 2 provide more than 50% of their own support? **If yes, which ones:**

____

☐ Yes ☐ No ☐ N/A 4. Did the taxpayer? provide more than half the support for each of the persons in Part II, Question 2? **If yes, which ones:**

____

☐ Yes ☐ No 5. Did the taxpayer? pay over half the cost of maintaining a home for any of the persons in Part II, Question 2? **If yes, which ones:**

____

Reminders

Use Publication 4012, *Volunteer Resource Guide* and Publication 17, *Your Federal Income Tax* in making tax law determinations.

Section C. For Certified Quality Reviewer Completion

Confirm each item after reviewing the tax return and verifying that it reflects correct tax law application to the information provided by the taxpayer.

1. **Sections A & B** of this form are complete.
2. **Taxpayer's identity, address** and **phone numbers** were verified.
3. **Names, SSN or ITINs, and dates of birth** of **taxpayer, spouse** and **dependents** match the supporting documents.
4. **Filing Status** is correctly determined.
5. **Personal** and **Dependency Exemptions** are entered correctly on the return.
6. All **information** shown on source documents and noted in Section A, Part III is included on the tax return.
7. Any **Adjustments to Income** are correctly reported.
8. **Standard, Additional** or **Itemized Deductions** are correct.
9. All c**redits** are correctly reported.
10. Withholding shown on Forms W-2, 1099 and **Estimated Tax Payments** are correctly reported.

☐ **All tax law issues above have been addressed and necessary changes have been made.**

☐ **If direct deposit or debit was elected, checking/saving account and routing information match the supporting documents.**

☐ **Correct SIDN and EFIN are shown on the return.**

Additional Tax Preparer Notes:

____

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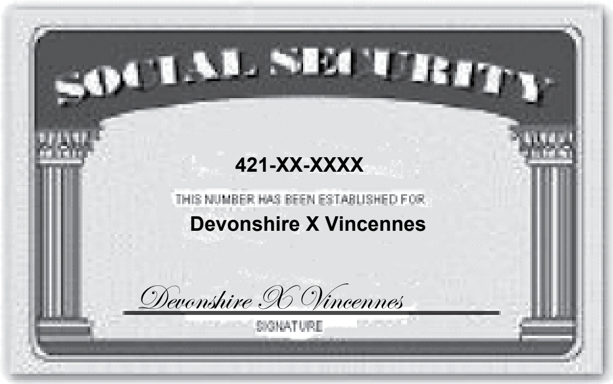

Interview Notes – Vincennes

While using Form 13614-C to complete the interview with the Vincennes', the following information was used to complete the return.

- Devonshire and Audrina just returned from a two-year tour in Germany, 80469. They moved to Germany on March 3, 2010. They returned to this duty station on March 30, 2012. Their address in Germany was 1567 Albion Street, Munich.
- In Germany, Audrina worked for Bavaria Advertising (3576 Felrum Lane, Munich, 80331). She asked if she would be eligible to exclude any of her income on their return. She has never done this before.
- The statement from Bavaria Advertising indicated she earned $24,000 in 2011.
- The Vincennes' did not itemize last year. The state return does not need to be prepared. The Vincennes' do not wish to contribute to the Presidential Election Fund. If there is a refund, the check is to be mailed to their home address.

Note: Before completing Section B of Form 13614-C, go over Parts I-V with the taxpayer. Be sure to note anything on the intake sheet that changes as a result of this interview.

In addition, to ensure the accuracy of the taxpayer's return, the certified volunteer should complete Section C of the Form 13614-C prior to obtaining the taxpayer's signature.

	a Employee's social security number 421-XX-XXXX	OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file	Visit the IRS website at *www.irs.gov/efile*

b Employer identification number (EIN) 27-5XXXXXX	1 Wages, tips, other compensation $37,302.45	2 Federal income tax withheld $6,139.51
c Employer's name, address, and ZIP code DFAS P O Box 8889 Indianapolis, IN 46249	3 Social security wages $37,302.45	4 Social security tax withheld $1,566.70
	5 Medicare wages and tips $37,302.45	6 Medicare tax withheld $540.89
	7 Social security tips	8 Allocated tips
d Control number	9	10 Dependent care benefits
e Employee's first name and initial Last name Suff.	11 Nonqualified plans	12a See instructions for box 12 Code
Devonshire X Vincennes 781 Asbury Avenue Your City, State and ZIP Code	13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12b Code
	14 Other	12c Code
		12d Code
f Employee's address and ZIP code		

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement** 2011

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Form **13614-C** (Rev. XX-XXXX)	Department of the Treasury – Internal Revenue Service **Intake/Interview & Quality Review Sheet**	**OMB # 1545-1964**

Section A. You should complete Pages 1-3
Thank you for allowing us to prepare your tax return. **You are responsible for the information on your return so please provide complete and accurate information to the certified tax preparer.** If you have any questions please ask your preparer.

You will need your:
- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of Identity (such as a valid drivers license or other government issued picture ID).

Part I. Your Personal Information

1. Your First Name	M. I.	Last Name	Are you a U.S. Citizen?
Hope	R	Lincoln	☒ Yes ☐ No
2. Spouse's First Name	M. I.	Last Name	Is spouse a U.S. Citizen?
Ashton	B	McCleary	☐ Yes ☒ No

3. Mailing Address	Apt#	City	State	Zip Code
523 Tenth Avenue North		Your City	YS	Your Zip Code

4. Contact Information
Phone: 213-555-XXXX Cell Phone: 213-546-XXXX E-mail: None

5. Your Date of Birth	6. Your Job Title	Are you: 7. Legally Blind	☐ Yes ☒ No
07/21/1976	Nurse	8. Totally and Permanently Disabled	☐ Yes ☒ No
9. Spouse's Date of Birth	10. Spouse's Job Title	Is Spouse: 11. Legally Blind	☐ Yes ☒ No
12/23/1974	None	12. Totally and Permanently Disabled	☐ Yes ☒ No

13. Can anyone claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

Part II. Marital Status and Household Information

1. As of December 31, 2011, were you?
   - ☐ Single
   - ☒ Married: Did you live with your spouse during any part of the last six months of 2011? ☒ Yes ☐ No
   - ☐ Divorced or Legally Separated: Date of final decree or separate maintenance agreement: ____________
   - ☐ Widowed: Year of spouse's death: ________

2. List names below of everyone who lived in your home in 2011 (other than you or spouse). Also list anyone who lived outside of your home that you supported during 2011. If additional space is needed please check here ☐ and list on page 3.

Name (first, last) Do not enter your name or spouse's name below. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. daughter, son, mother, sister, none) (c)	Number of months lived in your home in 2011 (d)	US Citizen or resident of the US, Canada or Mexico in 2011 (yes/no) (e)	Marital Status as of 12/31/11 (S/M) (f)	Full-time student in 2011 (yes/no) (g)	Received less than $3700 income in 2011 (yes/no) (h)

- **Volunteers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.**
- To report unethical behavior to IRS, **email us at wi.voltax@irs.gov** or call t**oll free 1-877-330-1205.**

To check the status of your REFUND visit "Where's My Refund?" on www.irs.gov or call 1-800-829-1954 for assistance.

Catalog Number 52121E Form **13614-C** (Rev. xx-xxxx)
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Section A. Please complete – check Yes, No or Unsure to all questions below. Please ask if you need help.

Part III. Income – In 2011, did you (or your spouse) receive:

Yes	No	Unsure	
☒	☐	☐	1. Wages or Salary? (Form W-2)
☐	☒	☐	2. Tip Income?
☐	☒	☐	3. Scholarships? (Forms W-2, 1098-T)
☒	☐	☐	4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☒	☐	5. Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. Alimony Income?
☐	☒	☐	7. Self-Employment payments (such as cash received for services, small business)? (Form 1099-MISC)
☐	☒	☐	8. Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Forms 1099-S, 1099-B)
☐	☒	☐	9. Disability Income (such as payments from insurance or workers compensation)? (Forms 1099-R, W-2)
☐	☒	☐	10. Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R)
☐	☒	☐	11. Unemployment Compensation? (Form 1099-G)
☐	☒	☐	12. Social Security or Railroad Retirement Benefits? (Form SSA-1099)
☐	☒	☐	13. Income (or loss) from Rental Property?
☒	☐	☐	14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: ______________________ (Forms W-2 G, 1099-MISC)

Part IV. Expenses – In 2011 Did you (or your spouse) pay:

Yes	No	Unsure	
☐	☒	☐	1. Alimony: If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☐	☒	☐	2. Contributions to a retirement account? ☐ IRA ☐ Roth IRA ☐ 401K ☐ Other
☒	☐	☐	3. Educational expenses paid for yourself, spouse or dependents, such as tuitions, books, fees, etc.? (Form 1098-T)
☐	☒	☐	4. Unreimbursed employee business expenses (such as teacher supplies, uniforms or mileage)?
☐	☒	☐	5. Medical expenses (including health insurance premiums)?
☐	☒	☐	6. Home mortgage interest? (Form 1098)
☐	☒	☐	7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
☐	☒	☐	8. Charitable contributions?
☐	☒	☐	9. Child/dependent care expenses, such as day-care?

Part V. Life Events – In 2011 Did you (or your spouse):

Yes	No	Unsure	
☐	☒	☐	1. Have a Health Savings Account? (Form 5498-SA)
☐	☒	☐	2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
☐	☒	☐	3. Buy, sell or have a foreclosure of your home?
☐	☒	☐	4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? ___________
☐	☒	☐	5. Purchase and install energy efficient home items (such as windows, furnace, insulation, etc.)?
☐	☒	☐	6. Live in an area that was affected by a natural disaster? If yes, where? ________________________
☐	☒	☐	7. Receive the First Time Homebuyers Credit in 2008?
☐	☒	☐	8. Pay any student loan interest? (Form 1098-E)
☐	☒	☐	9. Make estimated tax payments or apply last year's refund to your 2011 tax? If so how much? _______
☐	☒	☐	10. Attend school as a full time student? (Form 1098-T)
☐	☒	☐	11. Adopt a child?
☐	☒	☐	12. File a 2010 federal tax return containing a "capital loss carryover" on Form 1040 Schedule D?

Presidential Election Campaign Fund: (If you check a box, your tax or refund will not change.)
Check here if you, or your spouse if filing jointly, want $3 to go to this fund ☐ You ☐ Spouse

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Additional Information and Questions related to the preparation of your return

Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.

Other than English what language is spoken in the home? Irish

Are you or a member of your household considered disabled? ☐ **Yes** ☒ **No**

If you are due a refund or have a balance due:

- Ask your preparer about Direct Deposit. It is the fastest, easiest way to receive your tax refund. An e-filed return means a fast refund. Taxpayers who combine e-file and Direct Deposit can get their refunds in as few as 10 days.
- Ask your preparer about purchasing Series I U.S. Savings Bonds with part or all of your tax refund. Savings bonds are a safe and secure way to invest in the future. Purchase I Bonds for yourself or others in multiples of $50 and earn interest for up to 30 years.

If you are due a refund, would you like a direct deposit?	☐ Yes	☒ No
If you are due a refund, would you like information on how to purchase U.S. Savings Bonds?	☐ Yes	☒ No
If you are due a refund, would you like information on how to split your refund between accounts?	☐ Yes	☒ No
If you have a balance due, would you like to make a payment directly from your bank account?	☐ Yes	☒ No

Additional comments:

STOP HERE!

Thank you for completing this form.

Please give this form to the certified volunteer preparer for use in preparing your return.

Your Civil Rights are Protected: It is the Internal Revenue Service's mission to provide America's taxpayers top quality service by helping them understand and meet their tax responsibilities and by applying the tax law with integrity and fairness to all. Under no circumstances will the Internal Revenue Service tolerate discrimination by its employees, grantees, contractors, and/or subcontractors. NO ONE shall be excluded from participating in, be denied the benefits of, or be subject to discrimination because of race, color, sex, national origin, disability, reprisal, or age in programs or activities funded by the Department of Treasury – Internal Revenue Service. Any person who believes that he/she has been discriminated against on the basis of race, color, sex, national origin, disability, reprisal or age in programs or activities receiving financial assistance (e.g. Low-Income Tax Clinics, Tax Counseling for the Elderly) from the Department of Treasury IRS, may submit a written complaint to: National Headquarters;Office of Equity, Diversity & Inclusion; Internal Revenue Service; Attn: Director, Civil Rights Division (External Civil Rights Team); 1111 Constitution Ave., NW Room 2422; Washington, DC 20224.

Paperwork Reduction Act Notice

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Section B. For Certified Volunteer Preparer Completion

Remember: You are the link between the taxpayer's information and a correct tax return. Verify the taxpayer's information on pages 1, 2 & 3 is complete. All questions must be discussed with the taxpayer and all "Unsure" responses should be changed to "Yes" or "No".

Must be completed by Certified Volunteer only if persons are listed in Part II Question 2

Check if persons are listed in Part II Question 2 ☐

☐ Yes ☐ No 1. Can anyone else claim any of the persons listed in Part II, Question 2, as a dependent on their return? **If yes, which ones:**

☐ Yes ☐ No 2. Were any of the persons listed in Part II, Question 2, totally and permanently disabled? **If yes, which ones:**

☐ Yes ☐ No 3. Did any of the persons listed in Part II, Question 2 provide more than 50% of their own support? **If yes, which ones:**

☐ Yes ☐ No ☐ N/A 4. Did the taxpayer? provide more than half the support for each of the persons in Part II, Question 2? **If yes, which ones:**

☐ Yes ☐ No 5. Did the taxpayer? pay over half the cost of maintaining a home for any of the persons in Part II, Question 2? **If yes, which ones:**

Reminders

Use Publication 4012, *Volunteer Resource Guide* and Publication 17, *Your Federal Income Tax* in making tax law determinations.

Section C. For Certified Quality Reviewer Completion

Confirm each item after reviewing the tax return and verifying that it reflects correct tax law application to the information provided by the taxpayer.

1. **Sections A & B** of this form are complete.
2. **Taxpayer's identity, address** and **phone numbers** were verified.
3. **Names, SSN or ITINs, and dates of birth** of **taxpayer, spouse** and **dependents** match the supporting documents.
4. **Filing Status** is correctly determined.
5. **Personal** and **Dependency Exemptions** are entered correctly on the return.
6. All **information** shown on source documents and noted in Section A, Part III is included on the tax return.
7. Any **Adjustments to Income** are correctly reported.
8. **Standard, Additional** or **Itemized Deductions** are correct.
9. All c**redits** are correctly reported.
10. Withholding shown on Forms W-2, 1099 and **Estimated Tax Payments** are correctly reported.

☐ **All tax law issues above have been addressed and necessary changes have been made.**

☐ **If direct deposit or debit was elected, checking/saving account and routing information match the supporting documents.**

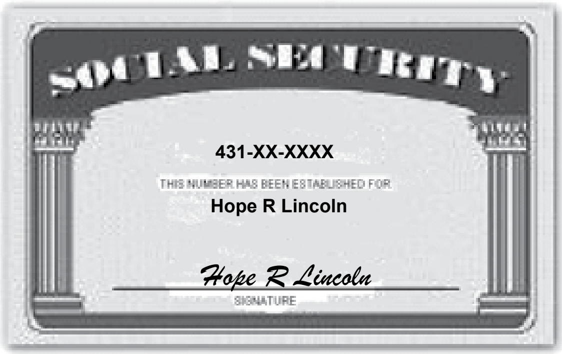
☐ **Correct SIDN and EFIN are shown on the return.**

Additional Tax Preparer Notes:

Catalog Number 52121E

Form **13614-C** (Rev. xx-xxxx)

4



Interview Notes – Lincoln

While using Form 13614-C to complete the interview with the Lincoln's, the following information was utilized to complete the return.

- Hope, a U.S. citizen, moved to Ireland on May 30, 2011. Hope married Ashton, an Irish citizen and resident, in June 2011.
- They would like to file jointly this year. Ashton has no income and chooses to be treated as a U.S. resident for tax purposes in 2011.
- Ashton does not have a social security number and understands that he needs to obtain an Individual Taxpayer Identification Number (ITIN) in order to file an elective joint return with Hope. Ashton brought a completed Form W-7 with him.
- Hope worked in the United States for four months and received a Form W-2 from her employer.
- Hope also worked as a nurse at Fitzgerald General Hospital for the remainder of the year. The hospital address is 456 Elgin Road, Dublin 17, Ireland.
- The hospital gave Hope a document showing the following wages of $18,543, and federal tax (equal to U.S. withholdings) of $1,658 (converted into U.S. currency).
- Hope and her husband earned $1,349 interest on a savings account in a Dublin bank. The foreign institution withheld $78 in income tax to the Ireland taxing authority.
- Hope enrolled in a nursing course at a local college to improve her job skills while in the United States, and paid $1,235.
- Hope did not itemize her deductions last year. They do not wish to contribute to the Presidential Election Fund.

Note: Before completing Section B of Form 13614-C, go over Parts I-V with the taxpayer. Be sure to note anything on the intake sheet that changes as a result of this interview.

In addition, to ensure the accuracy of the taxpayer's return, the certified volunteer should complete Section C of the Form 13614-C prior to obtaining the taxpayer's signature.

Form **W-7**
(Rev. January 2010)
Department of the Treasury
Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

► See instructions.
► For use by individuals who are not U.S. citizens or permanent residents.

OMB No. 1545-0074

FOR IRS USE ONLY

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.

Before you begin:

- ***Do not submit*** *this form if you have, or are eligible to get, a U.S. social security number (SSN).*
- *Getting an ITIN does not change your immigration status or your right to work in the United States and does not make you eligible for the earned income credit.*

Reason you are submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g, you must file a tax return with Form W-7 unless you meet one of the exceptions** (see instructions).

a ☐ Nonresident alien required to get ITIN to claim tax treaty benefit
b ☐ Nonresident alien filing a U.S. tax return
c ☐ U.S. resident alien **(based on days present in the United States)** filing a U.S. tax return
d ☐ Dependent of U.S. citizen/resident alien
e ☑ Spouse of U.S. citizen/resident alien
} Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ► **Hope R Lincoln 431-XX-XXXX**
f ☐ Nonresident alien student, professor, or researcher filing a U.S. tax return or claiming an exception
g ☐ Dependent/spouse of a nonresident alien holding a U.S. visa
h ☐ Other (see instructions) ►
Additional information for **a** and **f**: Enter treaty country ► and treaty article number ►

Name (see instructions)	**1a** First name: **Ashton**	Middle name: **Bradford**	Last name: **McCleary**
Name at birth if different ►	**1b** First name	Middle name	Last name
Applicant's mailing address	**2** Street address, apartment number, or rural route number. **If you have a P.O. box, see page 4.**		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate.		
Foreign (non-U.S.) address (if different from above) (see instructions)	**3** Street address, apartment number, or rural route number. **Do not use a P.O. box number.** **64 Penny Lane**		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Dublin 17, Ireland United Kingdom**		
Birth information	**4** Date of birth (month / day / year) **12 / 23 / 1974**	Country of birth **Ireland**	City and state or province (optional) **Dublin** — **5** ☑ Male ☐ Female
Other information	**6a** Country(ies) of citizenship **United Kingdom**	**6b** Foreign tax I.D. number (if any)	**6c** Type of U.S. visa (if any), number, and expiration date

6d Identification document(s) submitted (see instructions) ☐ Passport ☐ Driver's license/State I.D. ☐ USCIS documentation ☐ Other
Issued by: No.: Exp. date: / / Entry date in United States / /

6e Have you previously received a U.S. temporary taxpayer identification number (TIN) or employer identification number (EIN)?
☑ **No/Do not know.** Skip line 6f.
☐ **Yes.** Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).

6f Enter: TIN or EIN ► and
Name under which it was issued ►

6g Name of college/university or company (see instructions)
City and state Length of stay

Sign Here

Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to disclose to my acceptance agent returns or return information necessary to resolve matters regarding the assignment of my IRS individual taxpayer identification number (ITIN), including any previously assigned taxpayer identifying number.

Signature of applicant (if delegate, see instructions): *Ashton McCleary*	Date (month / day / year): **2 / 28 / 2012**	Phone number: **(213) 555-XXXX**
Name of delegate, if applicable (type or print)	Delegate's relationship to applicant	☐ Parent ☐ Court-appointed guardian ☐ Power of Attorney

Keep a copy for your records.

Acceptance Agent's Use ONLY — Signature	Date (month / day / year) / /	Phone ( ) / Fax ( )
Name and title (type or print)	Name of company	EIN / Office Code

For Paperwork Reduction Act Notice, see page 5. Cat. No. 10229L Form **W-7** (Rev. 1-2010)

a Employee's social security number 431-XX-XXXX	OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file	Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN) 32-5XXXXXX		1 Wages, tips, other compensation $17,900.00	2 Federal income tax withheld $1,559.00
c Employer's name, address, and ZIP code Carolina Medical 521 McIlwain Street Atlanta, GA 30308		3 Social security wages $17,900.00	4 Social security tax withheld $751.80
		5 Medicare wages and tips $17,900.00	6 Medicare tax withheld $259.55
		7 Social security tips	8 Allocated tips
d Control number		9	10 Dependent care benefits
e Employee's first name and initial / Last name / Suff. Hope Lincoln 523 Tenth Avenue North Your City, State and ZIP Code		11 Nonqualified plans	12a See instructions for box 12 Code
		13 Statutory employee / Retirement plan / Third-party sick pay	12b Code
		14 Other	12c Code
f Employee's address and ZIP code			12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
YS	12-3456789	$17,900.00	$1,465.00			

Form **W-2** **Wage and Tax Statement** 2011

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Exercise 18 – Surry Intake and Interview Sheet, page 1 of 4

Form **13614-C** (Rev. XX-XXXX) | Department of the Treasury – Internal Revenue Service | OMB # 1545-1964

Intake/Interview & Quality Review Sheet

Section A. You should complete Pages 1-3
Thank you for allowing us to prepare your tax return. **You are responsible for the information on your return so please provide complete and accurate information to the certified tax preparer.** If you have any questions please ask your preparer.

You will need your:
- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of Identity (such as a valid drivers license or other government issued picture ID).

Part I. Your Personal Information

1. Your First Name: Thornton	M. I.: D	Last Name: Surry	Are you a U.S. Citizen? ☒ Yes ☐ No
2. Spouse's First Name: Victoria	M. I.: A	Last Name: Surry	Is spouse a U.S. Citizen? ☒ Yes ☐ No

3. Mailing Address: 1023 Vanderver Court	Apt#	City: Your City	State: YS	Zip Code: Your Zip Code

4. Contact Information
Phone: 312-555-XXXX Cell Phone: 312-546-XXXX E-mail: None

5. Your Date of Birth: 09/23/1983	6. Your Job Title: Military	Are you: 7. Legally Blind ☐ Yes ☒ No 8. Totally and Permanently Disabled ☐ Yes ☒ No
9. Spouse's Date of Birth: 08/17/1983	10. Spouse's Job Title: Clerk	Is Spouse: 11. Legally Blind ☐ Yes ☒ No 12. Totally and Permanently Disabled ☐ Yes ☒ No

13. Can anyone claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

Part II. Marital Status and Household Information

1. As of December 31, 2011, were you?
   - ☐ Single
   - ☒ Married: Did you live with your spouse during any part of the last six months of 2011? ☒ Yes ☐ No
   - ☐ Divorced or Legally Separated: Date of final decree or separate maintenance agreement: ___________________
   - ☐ Widowed: Year of spouse's death: __________

2. List names below of everyone who lived in your home in 2011 (other than you or spouse). Also list anyone who lived outside of your home that you supported during 2011. If additional space is needed please check here ☐ and list on page 3.

Name (first, last) Do not enter your name or spouse's name below. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. daughter, son, mother, sister, none) (c)	Number of months lived in your home in 2011 (d)	US Citizen or resident of the US, Canada or Mexico in 2011 (yes/no) (e)	Marital Status as of 12/31/11 (S/M) (f)	Full-time student in 2011 (yes/no) (g)	Received less than $3700 income in 2011 (yes/no) (h)
Victor D Surry	02/04/05	Son	12	Yes	Single	Yes	Yes

- **Volunteers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.**
- To report unethical behavior to IRS, **email us at wi.voltax@irs.gov** or call t**oll free 1-877-330-1205.**

To check the status of your REFUND visit "Where's My Refund?" on www.irs.gov or call 1-800-829-1954 for assistance.

Catalog Number 52121E Form **13614-C** (Rev. XX-XXXX)
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Section A. Please complete – check Yes, No or Unsure to all questions below. Please ask if you need help.

Part III. Income – In 2011, did you (or your spouse) receive:

Yes	No	Unsure	
☒	☐	☐	1. Wages or Salary? (Form W-2)
☐	☒	☐	2. Tip Income?
☐	☒	☐	3. Scholarships? (Forms W-2, 1098-T)
☐	☒	☐	4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☒	☐	5. Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. Alimony Income?
☐	☒	☐	7. Self-Employment payments (such as cash received for services, small business)? (Form 1099-MISC)
☐	☒	☐	8. Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Forms 1099-S, 1099-B)
☐	☒	☐	9. Disability Income (such as payments from insurance or workers compensation)? (Forms 1099-R, W-2)
☐	☒	☐	10. Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R)
☐	☒	☐	11. Unemployment Compensation? (Form 1099-G)
☐	☒	☐	12. Social Security or Railroad Retirement Benefits? (Form SSA-1099)
☐	☒	☐	13. Income (or loss) from Rental Property?
☒	☐	☐	14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: ______________________ (Forms W-2 G, 1099-MISC)

Part IV. Expenses – In 2011 Did you (or your spouse) pay:

Yes	No	Unsure	
☐	☒	☐	1. Alimony: If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☒	☐	☐	2. Contributions to a retirement account? ☐ IRA ☐ Roth IRA ☐ 401K ☒ Other
☐	☒	☐	3. Educational expenses paid for yourself, spouse or dependents, such as tuitions, books, fees, etc.? (Form 1098-T)
☐	☒	☐	4. Unreimbursed employee business expenses (such as teacher supplies, uniforms or mileage)?
☐	☒	☐	5. Medical expenses (including health insurance premiums)?
☐	☒	☐	6. Home mortgage interest? (Form 1098)
☐	☒	☐	7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
☐	☒	☐	8. Charitable contributions?
☒	☐	☐	9. Child/dependent care expenses, such as day-care?

Part V. Life Events – In 2011 Did you (or your spouse):

Yes	No	Unsure	
☐	☒	☐	1. Have a Health Savings Account? (Form 5498-SA)
☐	☒	☐	2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
☐	☒	☐	3. Buy, sell or have a foreclosure of your home?
☐	☒	☐	4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? ___________
☐	☒	☐	5. Purchase and install energy efficient home items (such as windows, furnace, insulation, etc.)?
☐	☒	☐	6. Live in an area that was affected by a natural disaster? If yes, where? ________________________
☐	☒	☐	7. Receive the First Time Homebuyers Credit in 2008?
☐	☒	☐	8. Pay any student loan interest? (Form 1098-E)
☐	☒	☐	9. Make estimated tax payments or apply last year's refund to your 2011 tax? If so how much? _______
☐	☒	☐	10. Attend school as a full time student? (Form 1098-T)
☐	☒	☐	11. Adopt a child?
☐	☒	☐	12. File a 2010 federal tax return containing a "capital loss carryover" on Form 1040 Schedule D?

Presidential Election Campaign Fund: (If you check a box, your tax or refund will not change.)
Check here if you, or your spouse if filing jointly, want $3 to go to this fund ☐ You ☐ Spouse

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Additional Information and Questions related to the preparation of your return

Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.

Other than English what language is spoken in the home? None

Are you or a member of your household considered disabled? ☐ **Yes** ☒ **No**

If you are due a refund or have a balance due:

- Ask your preparer about Direct Deposit. It is the fastest, easiest way to receive your tax refund. An e-filed return means a fast refund. Taxpayers who combine e-file and Direct Deposit can get their refunds in as few as 10 days.
- Ask your preparer about purchasing Series I U.S. Savings Bonds with part or all of your tax refund. Savings bonds are a safe and secure way to invest in the future. Purchase I Bonds for yourself or others in multiples of $50 and earn interest for up to 30 years.

If you are due a refund, would you like a direct deposit? ☐ Yes ☒ No

If you are due a refund, would you like information on how to purchase U.S. Savings Bonds? ☐ Yes ☒ No

If you are due a refund, would you like information on how to split your refund between accounts? ☐ Yes ☒ No

If you have a balance due, would you like to make a payment directly from your bank account? ☐ Yes ☒ No

Additional comments:

STOP HERE!

Thank you for completing this form.

Please give this form to the certified volunteer preparer for use in preparing your return.

Your Civil Rights are Protected: It is the Internal Revenue Service's mission to provide America's taxpayers top quality service by helping them understand and meet their tax responsibilities and by applying the tax law with integrity and fairness to all. Under no circumstances will the Internal Revenue Service tolerate discrimination by its employees, grantees, contractors, and/or subcontractors. NO ONE shall be excluded from participating in, be denied the benefits of, or be subject to discrimination because of race, color, sex, national origin, disability, reprisal, or age in programs or activities funded by the Department of Treasury – Internal Revenue Service. Any person who believes that he/she has been discriminated against on the basis of race, color, sex, national origin, disability, reprisal or age in programs or activities receiving financial assistance (e.g. Low-Income Tax Clinics, Tax Counseling for the Elderly) from the Department of Treasury IRS, may submit a written complaint to: National Headquarters;Office of Equity, Diversity & Inclusion; Internal Revenue Service; Attn: Director, Civil Rights Division (External Civil Rights Team); 1111 Constitution Ave., NW Room 2422; Washington, DC 20224.

Paperwork Reduction Act Notice

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

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Section B. For Certified Volunteer Preparer Completion

Remember: You are the link between the taxpayer's information and a correct tax return. Verify the taxpayer's information on pages 1, 2 & 3 is complete. All questions must be discussed with the taxpayer and all "Unsure" responses should be changed to "Yes" or "No".

Must be completed by Certified Volunteer only if persons are listed in Part II Question 2

Check if persons are listed in Part II Question 2 ☐

☐ Yes ☐ No 1. Can anyone else claim any of the persons listed in Part II, Question 2, as a dependent on their return? **If yes, which ones:**

____

☐ Yes ☐ No 2. Were any of the persons listed in Part II, Question 2, totally and permanently disabled? **If yes, which ones:**

____

☐ Yes ☐ No 3. Did any of the persons listed in Part II, Question 2 provide more than 50% of their own support? **If yes, which ones:**

____

☐ Yes ☐ No ☐ N/A 4. Did the taxpayer? provide more than half the support for each of the persons in Part II, Question 2? **If yes, which ones:**

____

☐ Yes ☐ No 5. Did the taxpayer? pay over half the cost of maintaining a home for any of the persons in Part II, Question 2? **If yes, which ones:**

____

Reminders

Use Publication 4012, *Volunteer Resource Guide* and Publication 17, *Your Federal Income Tax* in making tax law determinations.

Section C. For Certified Quality Reviewer Completion

Confirm each item after reviewing the tax return and verifying that it reflects correct tax law application to the information provided by the taxpayer.

1. **Sections A & B** of this form are complete.
2. **Taxpayer's identity, address** and **phone numbers** were verified.
3. **Names, SSN or ITINs, and dates of birth** of **taxpayer, spouse** and **dependents** match the supporting documents.
4. **Filing Status** is correctly determined.
5. **Personal** and **Dependency Exemptions** are entered correctly on the return.
6. All **information** shown on source documents and noted in Section A, Part III is included on the tax return.
7. Any **Adjustments to Income** are correctly reported.
8. **Standard, Additional** or **Itemized Deductions** are correct.
9. All c**redits** are correctly reported.
10. Withholding shown on Forms W-2, 1099 and **Estimated Tax Payments** are correctly reported.

☐ **All tax law issues above have been addressed and necessary changes have been made.**

☐ **If direct deposit or debit was elected, checking/saving account and routing information match the supporting documents.**

☐ **Correct SIDN and EFIN are shown on the return.**

Additional Tax Preparer Notes:

____

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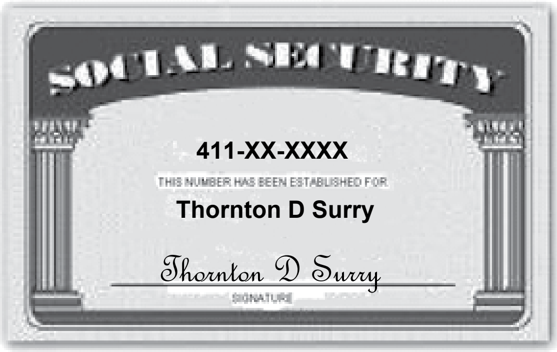
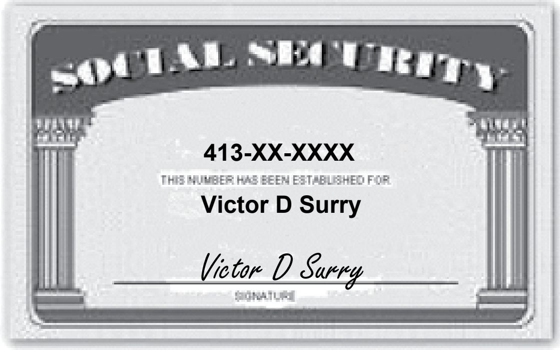
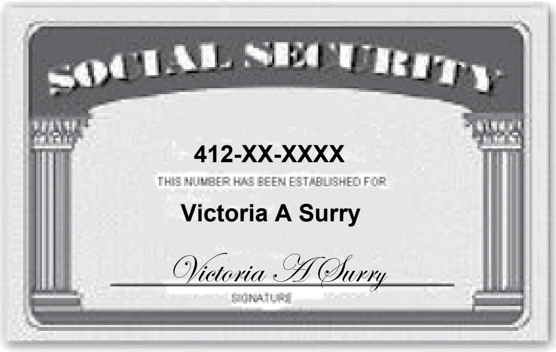

SOCIAL SECURITY
411-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
Thornton D Surry
Thornton D Surry
SIGNATURE


SOCIAL SECURITY
413-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
Victor D Surry
Victor D Surry
SIGNATURE


SOCIAL SECURITY
412-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
Victoria A Surry
Victoria A Surry
SIGNATURE

Interview Notes – Surry

While using Form 13614-C to complete the interview with the Surry's, the following information was used to complete the return.

- Thornton was stationed in Mildenhall AFB (123 First Street) near Suffolk, England, IPP3AW, until January 2012. He had been there with his wife Victoria and his son Victor since May 2009.
- While there, Victoria was a data entry clerk for an England accounting firm (ABC, Ltd., 123 Shakespeare Road, Suffolk, England, IPP3AW). She had a statement of earnings from her employer, showing that she had been paid $29,457 in 2011 while an employee. She also provided records that indicated she had paid $3,286 in income taxes to the British taxing authority. All money amounts on the statements were in U.S. currency.
- The Surrys provided records indicating that they had paid $3,650 to Small Hands, a child care service on base, for babysitting services while they were at work. The address for Small Hands is 987 Hayden Sax Way, Suffolk, England, IPP3AW. The EIN for provider is 41-0XXXXXX.
- They had no other income or any deductible expenses.
- They want to know which would be more favorable: to exclude Victoria's income or to use the foreign tax credit. Wages are considered general limitation income. Taxpayers cannot deduct, exclude, or claim a credit for any item that can be allocated to or charged against the excluded income. Neither Victoria nor Thornton have ever filed a F2555 or 2555EZ before. Preparer can use "What If Mode" in TaxWise Desktop to determine the best outcome.
- They do not need a state return prepared for them. They did not itemize deductions last year. If there is a refund, they want the check mailed to their home. Neither Thornton nor Victoria wish to contribute to the Presidential Election Campaign Fund.

Note: Before completing Section B of Form 13614-C, go over Parts I-V with the taxpayer. Be sure to note anything on the intake sheet that changes as a result of this interview.

In addition, to ensure the accuracy of the taxpayer's return, the certified volunteer should complete Section C of the Form 13614-C prior to obtaining the taxpayer's signature.

	a Employee's social security number 411-XX-XXXX	OMB No. 1545-0008	**Safe, accurate, FAST! Use** IRS e-file — Visit the IRS website at *www.irs.gov/efile*
b Employer identification number (EIN) 27-5XXXXXX		**1** Wages, tips, other compensation $33,314.50	**2** Federal income tax withheld $2,584.00
c Employer's name, address, and ZIP code DFAS P.O. Box 8889 Indianapolis, IN 46249-2410		**3** Social security wages $35,108.20	**4** Social security tax withheld $1,474.54
		5 Medicare wages and tips $35,108.20	**6** Medicare tax withheld $509.07
		7 Social security tips	**8** Allocated tips
d Control number		**9**	**10** Dependent care benefits
e Employee's first name and initial — Last name — Suff. Thornton Surry 1023 Vanderver Court Your City, State and ZIP Code		**11** Nonqualified plans	**12a** See instructions for box 12 Code D — $1,793.70
		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	**12b** Code
		14 Other	**12c** Code
f Employee's address and ZIP code			**12d** Code

15 State	Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name
YS	32-1456789	$33,314.50	$1,383.54			

Form **W-2** **Wage and Tax Statement** **2011**

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.